



**PUTNAM COUNTY
HOME IMPROVEMENT CONTRACTOR REGISTRATION INSTRUCTIONS**

Please do your best to use this check list to complete the enclosed application and return it with the documents listed below.

****Any application submitted without all the requested information and documentation will be returned and considered invalid***

Checklist for FIRST TIME APPLICANTS and RENEWAL APPLICANTS:

- Include a **CERTIFICATE OF LIABILITY INSURANCE**
Requirements:
 - Certificate Holder MUST be Putnam County Consumer Affairs, 110 Old Route 6, Bldg. 3, Carmel, NY 10512
 - Additional Insured MUST be Putnam County Consumer Affairs**
 - Scope of work MUST be included in the description
- Include **WORKERS COMPENSATION FORM (C105.2 or U26.3) or EXEMPTION FORM (CE-200)**
Requirements:
 - Certificate Holder MUST be Putnam County Consumer Affairs
 - *NOTE: If Workers Compensation is not required, you MUST fill out a Workers Compensation Waiver online (Form CE-200) at www.wcb.ny.gov
- Include **ORIGINAL LICENSE & PERMIT BOND IN THE AMOUNT OF \$25,000.00**
Requirements:
 - Bond MUST be for **2 year** period with an expiration date that MUST correspond with the term of the registration
 - The obligee MUST be Putnam County Dept. of Consumer Affairs
 - Bond MUST be signed by the principal**
- Complete the attached **CHILD SUPPORT FORM**
***NOTE: Not required if your business is a corporation or LLC**
- Complete and notarize the attached **AFFIDAVIT OF COMPLIANCE E-Verify Form**
- Include current copies of **VEHICLE REGISTRATIONS** that are used in the performance of your occupation as a Home Improvement Contractor
***NOTE: Decal for one (1) vehicle is included in the fee; each additional decal is \$5.00**
- Include copies of **CURRENT HOME IMPROVEMENT LICENSES** - if held in other municipalities
- Include the **REGISTRATION FEE** in the form of a check or money order in the amount of **\$250.00** made payable to **Putnam County Commissioner of Finance** – *this payment covers your two year registration.*
***NOTE: If application is submitted after the registration expiration date, you MUST include the late renewal fee of \$25.00**

If you are a **FIRST TIME APPLICANT** please **ALSO INCLUDE THE FOLLOWING DOCUMENTS**

Check one:

- For **Individual** (using assumed name or d/b/a):
 - MUST include a copy of a **CERTIFIED BUSINESS CERTIFICATE**
- For **Partnerships**:
 - MUST include a copy of a **CERTIFIED PARTNERSHIP CERTIFICATE**
- For **Corporations**:
 - MUST include a copy of a **CORPORATE FILING RECEIPT**
- Include a copy of a valid **DRIVER'S LICENSE or GOVERNMENT ISSUED PHOTO ID** of the employee authorized to negotiate and finalize all contractual agreements with the home owner
- Include a **DIGITAL PHOTO** of the owner, partner or highest ranking corporate office
Requirements:
 - This photo MUST be submitted by sending an e-mail to contractors@putnamcountyny.gov.
*Your e-mail MUST include Company Name, Last Name, First Name and be submitted in **.jpeg** format
- Include a copy of the **CERTIFICATE OF ATTENDANCE** that you have received from attending the Lawn Care Best Management Practices (applies to **Landscaping and Lawn Care Contractors ONLY**)

❗ **Questions? Please call or email our office.**

THANK YOU for your compliance of Putnam County Home Improvement Law



COUNTY OF PUTNAM
 Department of Consumer Affairs
 110 Old Route 6 Bldg. 3
 Carmel, NY 10512
 (845) 808-1617
<http://www.putnamcountyny.com/consumer-affairs/>

FOR OFFICE USE ONLY	
Registration No. PC	_____
Fee Amount: _____	No. of Decals: _____
<input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/> C.C # _____	
Receipt No. _____	Child Support: <input type="checkbox"/> N/A <input type="checkbox"/> Y
C of L: _____	W/C: _____
Bond Exp. _____	End Date: _____
Photo: (Y)____ (N)____	E-Verify: (Y)____(N)____
Notes: _____	

ORIGINAL APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT CONTRACTOR

**Answers to ALL questions must be printed or typed, accurate and complete*

Business Type

Individual Partnership Joint Venture Corporation LLC

Business Information

Business Name: _____

Business Address: _____ Business Phone: _____
 _____ Fax: _____
 _____ E-mail: _____

Applicant Information

Name: _____ Home Phone: _____
 Check box if same address as business →
 Home Address: _____ Cell Phone: _____
 _____ E-mail: _____
 _____ Position: Owner President Partner

Where should we mail correspondence that relates to your Home Improvement Registration? Check one:

BUSINESS ADDRESS HOME ADDRESS

Description of Business

Please provide scope of work:

List all of the employees who are affiliated with your business and/or deal the public and have the authority to estimate, negotiate and finalize all contractual agreements

NAME:	POSITION:	DUTIES:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Tax Identification Information

Federal Employer's ID No. _____ NYS Employer's ID No. _____
 Worker's Compensation _____ NYS Sales Tax Authorization No. _____

PLEASE CONTINUE ON TO THE NEXT PAGE...

If applicable, please indicate the number of years you have been in business at the address you have provided on the front of this application. If not, please check "New"

_____ Years New

List prior addresses below used for your current business and also list prior names, addresses and license numbers for any home improvement business you may have owned individually, been a partner or a corporate officer in within the past 10 years

No.	NAME:	ADDRESS:	TITLE:	LICENSE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

List any technical or educational classes, courses, etc. pertaining to trade

	SCHOOL NAME:	ADDRESS:	COURSE/DEGREE:	DATES:
1.	_____	_____	_____	_____

*Note: If you are a **Landscaping** or **Lawn Care Contractor** please indicate the date in which you attended the Lawn Care Best Management Practices class below.

Date of attendance: _____ Certificate Number: _____

Have there been any unsatisfied judgments against any individual, partner and/or corporate officer of the business requesting registration? YES NO

If so, please give details:

	DATE:	COURT:	JUDGMENT CREDITOR:	DISPOSITION:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Have there been any criminal convictions against any individual, partner and/or corporate officer of the business requesting registration? YES NO

If so, please give details:

	DATE:	COURT:	CHARGES:	DISPOSITION:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Has any individual, partner or corporate officer ever had a professional or vocational license suspended or revoked - **or** - have been issued a Home Improvement violation? YES NO

If so, please explain:

In consideration of being granted a registration to conduct a home improvement business in Putnam County, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Department of Consumer Affairs. I certify that the information on this application is true and accurate and understand that any incomplete, inaccurate or false information may cause the registration to be delayed, denied, suspended or revoked.

PENALTY FOR FALSIFICATION: Falsification of any statement made here in is an offense punishable by a fine and/or imprisonment.

Application must be signed by the highest ranking official of the business/company requesting registration.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____ NOTARY STAMP:

Sworn to before me this _____ day of _____, 20__

EXHIBIT "A-1"

AFFIDAVIT OF COMPLIANCE
WITH THE REQUIREMENTS OF
CHAPTER 135-3(D)
OF THE PUTNAM COUNTY CODE

STATE OF NEW YORK)
 :SS:
COUNTY OF PUTNAM)

I, _____, being duly sworn upon his/her oath
deposes and says: *(print name of deponent)*

1. I am the owner/authorized representative of _____
(circle one) *(name of corp, business)*

Check one of the following:

- 2(a) I certify that I will (a) use the E-Verify Internet based system, operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA), to verify the employment eligibility of their newly hired employees, and (b) maintain records documenting the use of E-Verify during the term of our registration certificate.
- 2(b) I certify that the corporation, business or company named above has no employees and I reasonably anticipate that no employees will be hired during the term of the registration certificate applied for herewith pursuant to Chapter 135 of the Putnam County Code.

(signature of deponent)

Subscribed and sworn to before me

this _____ day of _____, 20 _____

Notary Public, State of New York

www.uscis.gov/e-verify

NOTE: Do not submit this form. You must consult and obtain your bond from your insurance company.

LICENSE AND PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS:

BOND No: _____

That we, _____ (John Doe, - dba, Inc., LLC, etc...) _____,
Of the (town – city – etc...) of (town – city name), State of _____, as Principal,
and (Bond Company) _____ a Corporation duly licensed to do business in the
State of _____, as Surety, are held and firmly bound unto
the (Putnam County – Dept. of Consumer Affairs) State of New York, _____ Obligee, in
the

(Valid only when a County, City, Town or Village is named as Obligee)
Amount of Twenty-Five Thousand and no/100 _____ (\$25,000.00) Dollars,
(NOT VALID FOR MORE THAN \$25,000)

Lawful money of the United States, to be paid to the said Obligee, for which payment
well and truly to be made, we bind ourselves and our legal representatives, jointly and
severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the
Principal has been licensed (as a home improvement contractor)
By the Obligee. _____

NOW THEREFORE, IF THE Principal shall faithfully perform the duties and
comply with the laws and ordinances (including all amendments), pertaining to the
license or permit, then this obligation to be void, otherwise to remain in full force and
effect for a period commencing on the _____ day of _____, 20____,
and ending on the _____ day of _____, 20____ unless renewed by
continuation certificate.***MUST RUN FOR ENTIRE TWO YEAR TERM OF
REGISTRATION***

This bond may be terminated at any time by the Surety upon sending notice in
writing to the Obligee and to the Principal, In care of the Obligee or at such other address
as the Surety deems reasonable, and at the expiration of thirty-five (35) days from the
mailing of notice or as soon thereafter as permitted by applicable law, whichever is later,
this bond shall terminate and the Surety shall be relieved from any subsequent acts or
omissions of the Principal.

Dated this _____ day of _____, 20____

Principal

John Doe (Signature) _____ Principal

Countersigned

By _____ Agent's Signature _____ Resident Agent

By _____ President



New York State Department of Labor

Appendix to a License Application

The child support obligations (New York State General Obligations Law Title 5 section 3-503) do not apply to corporations.

Complete, sign and date this form if you are applying for a license or license renewal.

Applicant	
a. Name:	b. Social Security Number:
c. Title	d. The type of license requested:
e. Business Name (if applicable):	

Certification

- Are you under an obligation to pay child support? If yes, complete items 1 - 4. Yes No
- I am making payments in accordance with a plan agreed upon by the parties. Yes No
 - I am four months or more behind in the payment of child support. Yes No
 - My child support obligation is the subject of a pending court proceeding. Yes No
 - I am receiving public assistance or supplemental security income. Yes No

If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding you may be subject to suspension of your business, professional and/or driver licenses.

Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: _____ Date: _____