

HOME IMPROVEMENT CONTRACTOR RENEWAL FORM

This form is for renewal of an previously filed Home Improvement Contractor Registration.
 (Licensed Electricians & Plumbers are deemed registered if holding valid license)

Instructions:

1. Obtain copy of previous registration form.
2. Fill in the form below and include a driver's license. Have the form notarized.

Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Domestic Corporation <input type="checkbox"/> Foreign Corporation			
1	Firm Name:		
	Firm Address:		
		Street	City
	Phone:	Cell Phone:	Fax:
	EMAIL:		
	Type of business:		
	# Years in business:		
	Approx # of employees:		
Attach proof of Workers Comp and Disability Insurance – See Workers Comp Handout			

Owner Partner Corporate Officer Other (Agent)

2	Name:			D.O.B.
	Home Address:			
		Street	City	State/Zip
	Phone:	Cell Phone:	Fax:	
	EMAIL:			

Photograph of Applicant (drivers license copy)

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, Erie County, New York

Registration Fee \$25 Paid Date: _____

Receipt is hereby acknowledged of the sum of \$ _____ being the permit fee established by the Town Board of Town of Amherst, N.Y.

Receipt# _____

ADDITIONAL PARTNERS OR OFFICERS IF A CORPORATION:

Owner Partner Corporate Officer Other (Agent)

3	Name:			D.O.B.
Home Address:				
		<small>Street</small>	<small>City</small>	<small>State/Zip</small>
Phone:		Cell Phone:		Fax:
EMAIL:				

Owner Partner Corporate Officer Other (Agent)

4	Name:			D.O.B.
Home Address:				
		<small>Street</small>	<small>City</small>	<small>State/Zip</small>
Phone:		Cell Phone:		Fax:
EMAIL:				

Owner Partner Corporate Officer Other (Agent)

5	Name:			D.O.B.
Home Address:				
		<small>Street</small>	<small>City</small>	<small>State/Zip</small>
Phone:		Cell Phone:		Fax:
EMAIL:				

Owner Partner Corporate Officer Other (Agent)

6	Name:			D.O.B.
Home Address:				
		<small>Street</small>	<small>City</small>	<small>State/Zip</small>
Phone:		Cell Phone:		Fax:
EMAIL:				

Contractor Type Building Plumbing Electrical Heating
 Roofing/Siding Home Improvement

For Departmental Use	
Cont Code	:
Exemption	:
Workers Comp	:
NYS Disability	:
Notes:	