

HOME IMPROVEMENT CONTRACTOR RENEWAL FORM

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

Instructions:

1. Fill in the form below and include a driver's license.

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	State/Zip			
	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 (driver's license copy)

Signature of Applicant

Registration Fee \$50 Paid Date: _____

Renewal Good for 2 years

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:	