



BUILDING DEPARTMENT

2919 Delaware Avenue, Kenmore, NY 14217

Michael D. Berns, Building Inspector

Phone: (716) 873-5700

Fax : (716) 873-0004

CONTRACTOR LICENSING

ALL CONTRACTORS who perform work within the Village of Kenmore must possess a Contractor's License issued by the Village of Kenmore, **effective January 1, 2020.**

Please remit the following to the Village of Kenmore to secure a Contractor's License:

1. Completed License Application
2. Non-refundable Application Fee of \$ 125.00 (cash, or check/money order made payable to the Village of Kenmore)
3. Certificate of Insurance covering General Liability with limits of at least \$1, 000, 000.00 per occurrence. **The Village of Kenmore MUST BE NAMED AS A CERTIFICATE HOLDER.**
4. Workers' Compensation Insurance as follows:
 - a. Form **U-26.3** – Workers' Compensation provided by State Insurance Fund; or
 - b. Form **C-105.2** – Workers' Compensation provided by your private carrier; or
 - c. Exemption from Workers' compensation and/or Disability Benefits (Please note that a **CE-200** available at www.wcb.state.ny.us must be submitted for each new permit application.)
5. Disability Insurance as follows:
 - a. Form **DB-120.1** – Disability provided by your private carrier; or
 - b. Exemption from Workers' compensation and/or Disability Benefits (Please note that a **CE-200** available at www.wcb.state.ny.us must be submitted for each new permit application.)

Please make sure that all insurance forms are up to date and are signed by the insured BEFORE submitting to the Village of Kenmore. If you have any questions regarding the required insurance forms, please contact the Workers' Compensation Board at (716) 842 – 2051 or your insurance carrier.

Your Contractor License Certificate will be transmitted to you upon receipt of all of the above.

If you have any questions please contact the Village of Kenmore at (716) 873 – 5700.

Michael D. Berns
Building Inspector

APPLICATION FOR CONTRACTOR LICENSE

Business Name: _____

Business Address: _____

City/State: _____ Zip: _____

Business Phone: _____ Fax _____ Cell Phone: _____

Tax ID# or SS# _____ Years in Business _____ Number of Employees _____

E mail Address _____

Applicant Name: _____

Home Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Drivers License Number _____

If Partnership or Corporation, list all Partners or Corporate Officers:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Financial institution (escrow accounts) name & phone: _____

Insurance Agent name and Phone: _____

Type of Work Performed

_____ General _____ Home Improvement _____ Interior Remodeling _____ Exterior Remodeling
 _____ Siding _____ Roofing _____ Concrete _____ Chimney/Fireplace _____ Fence _____ Pools
 _____ Demolition _____ Other (specify)

Sworn to before me this _____
 day of _____,

SIGNATURE

FOR OFFICE USE

DISABILITY _____

LIABILITY _____

W. COMP _____

NOTARY PUBLIC