

NOTICE TO ALL CONTRACTORS/SOLICITORS/PEDDLERS

ALL CONTRACTORS, SOLICITORS & PEDDLERS, who work within the Town of Elma must have on file a valid Registration Application issued in the Elma Town Building Department.

Attached you will find an application for a Contractors, Solicitors, Peddlers Registration. The annual registration fee is \$75.00; the yearly renewal fee is \$50.00. **This permit shall be valid on weekdays between the hours of 9:00 a.m. and 5:00 p.m. from the date of issuance for a period of 60 days thereafter, in the case of a solicitor, peddler or transient retail business, or one year in the case of a contractor, which permit shall not be transferable, but shall be revocable in the event of violation of the terms and conditions thereof (§ 105.9 Issuance of Permit; conditions).**

APPLICANTS:

Along with the fee and information requested on the application, you will need to provide satisfactory evidence that employees of the applicant are covered by Workers Compensation. Your insurance carrier or their licensed agents must issue C_105.2 (12-03) for the Worker's Compensation, unless applicant is with the New York State Insurance Fund, then that form would need to be provided, and public liability insurance with limits of at least \$100,000 per person, \$300,000 for each bodily injury accident and \$25,000 property damage liability. The applicant shall be responsible for furnishing the Town of Elma with copies of current Certificates of Insurance demonstrating that the applicant has appropriate insurance coverage in place.

If you have any questions, feel free to contact our office between the hours of 8:00 a.m. to 4:00 p.m. Monday through Friday.

PLEASE NOTE THAT THIS IS A REGISTRATION ONLY AND THE TOWN OF ELMA DOES NOT ENDORSE OR APPROVE ANY BUSINESS BEING REGISTERED IN THE TOWN. For further information, please contact Elma Town Building Department at 652-2188 ext. 6.

**APPLICATION FOR CONTRACTORS/SOLICITORS/PEDDLERS
REGISTRATION**

Applicant Name: _____

Home Address: _____

City/State/Zip _____

Home Phone: _____ Driver's License # _____

Business Name: _____

Business Address: _____

City/State/Zip: _____

Business Phone Number: _____

Employer Identification Number: _____

Years in Business: _____ Approx. # of Employees _____

If Partnership or Corporation, List All Partners or
Corporation Officers: _____

List names of any employees to carry on sales in Elma: (Use additional sheets as necessary)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Contractor: _____

Name of Financial Institution used for Escrow Account for Applicant's Customers:
1. _____

Check Appropriate Types: Contractor () Solicitor () Peddler ()

General _____	Home Improvement _____	HVCA _____
Interior remodeling _____	Exterior Remodeling _____	
Siding _____	Roofing _____	Gutters _____
Concrete _____	Blacktop _____	Blacktop Sealing _____
Masonry Work _____	Chimney _____	Windows _____
Fences _____	Swimming Pool _____	Drainage _____
Demolition _____	Insulation _____	Other _____

SALES:
Solicitation – Type of Sales/Service _____

Peddler – Type of Sales/Services _____

List Name and Telephone Numbers of the Person or Persons Who May Be Reached 24 Hours/Day in the Event of Problems:

1. _____

2. _____

For Peddlers and Solicitors:

List Vehicles, Make, Model, License Number and Names and Addresses to Who the Vehicle is registered. (Use additional sheets as necessary):

1. _____

2. _____

3. _____

All Insurance Certificates must be issued to:

Town of Elma
Clerk's Office
1600 Bowen Road
Elma, NY 14059

*Town of Elma, NY
Thursday, June 15, 2017*

Chapter 105. Peddling and Soliciting

§ 105-6. Penalties for offenses.

Any person, firm, partnership, corporation or any other entity violating any of the provisions of this chapter shall be subject to a fine of not more than \$250 for each violation or to imprisonment for a period not exceeding 15 days for each such violation, or to both such fine and imprisonment, except when a punishment is expressly prescribed in such provisions. Unless otherwise provided, each day and each home or business solicited on which a violation occurs shall be considered and/or deemed a separate violation for purposes of this chapter.

§ 105-7. Permit to be carried at all times.

Each person licensed under the provisions of this chapter shall keep with him the permit issued by the Town Clerk at all times he is engaged in his business and upon demand of any police officer or other lawful authority or of any person being solicited by the permittee to produce the permit issued to him.

§ 105-8. Revocation of permit.

Any permit issued pursuant to this chapter may be revoked by the Town Clerk upon the order of the Town Board for proper cause and in the interest of public safety.

§ 105-9. Issuance of permit; conditions.

Each solicitor, peddler, contractor or transient retail business shall be issued a permit unless he shall have been convicted of a crime involving moral turpitude or engaged in a business not permitted by law. This permit shall be valid on weekdays between the hours of 9:00 a.m. and 5:00 p.m. from the date of issuance for a period of 60 days thereafter, in the case of a solicitor, peddler or transient retail business, or one year in the case of a contractor, which permit shall not be transferable, but shall be revocable in the event of violation of the terms and conditions thereof.

§ 105-10. Records of registration, supervision.

The Town Clerk of the Town of Elma shall keep a record of all registrations to whom permits have been issued under this chapter, and the Building Inspector and law enforcement agencies in the Town of Elma, as well as Special Police of the Town of Elma, shall supervise the activities of all the holders of such permits.

**LAWS OF NEW YORK, 1998
CHAPTER 439**

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
 - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
 - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of _____, _____.</i></p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

Forms

(/content/main/Forms.jsp)

Workers' Compensation Forms

Applicant Instructions for Form CE-200 – Effective December 1, 2008

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Effective December 1, 2008, **exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting December 1, 2008, ONLY applicants eligible for **exemptions** must file a **new CE-200** for **each and every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.ny.gov.

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Government agencies have the authority to verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies. For example, if you are applying for a license for a 150 seat restaurant and indicate on the CE-200 exemption form that you are a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and immediately upon completion, be able to print out a hard copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. The applicant will create a pin and password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.

Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200.

However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203.</p> <p>Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009.</p> <p>The estimated dollar amount of project is \$25,001 - \$50,000</p>
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:
Exemption Certificate Number	2008-00197	Received October 2, 2008 NYS Workers' Compensation Board

WORKER'S COMPENSATION WAIVER

Applicant Name: _____

Address: _____

City/State/Zip: _____

Business Name: _____

Phone: _____

The above named Applicant for a Contractors/Solicitors/Peddlers registration card makes the following statement for the purpose of establishing that he/she does not require insurance coverage under either Section 57 of Worker's Compensation Law, or Section 220, Subdivision 8 of the Disability Benefits Law.

_____ I am not employing anyone to carry on the business activities covered by this license.

I hereby affirm, under penalty of perjury, that I am the above named Applicant, and that the foregoing statements are true.

Signature: _____ Date: _____

