

**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
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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

Fee: \$45.00 to Register  
\$25.00 Yearly Renewal

**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: \_\_\_\_\_

**NOTICE TO ALL CONTRACTORS/SOLICITORS/PEDDLERS**

**ALL CONTRACTORS, SOLICITORS, PEDDLERS**, who work within the Town of Elma must have on file a valid Registration Card issued by the Elma Town Clerk.

Attached you will find an application for a Contractors, Solicitors, Peddlers Registration Card.

The annual registration fee is \$45.00; the yearly renewal fee is \$25.00.

**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 Worker's Compensation. Your insurance carrier or their licensed agents must issue form 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 HAVING THIS REGISTRATION CARD.** For further information, please contact Elma Town Hall at 652-3260.

**SAMPLE**

NAME:

COMPANY:

ADDRESS:

PHONE:

REGISTRATION FROM 1/1/96 TO 1/1/97

This certifies that \_\_\_\_\_ Company is registered with the Town Of Elma to conduct business or solicit business.

**NOT A LICENSE**

