

2021 Contractor's License Application
Town of Ashland 3663 Sixth Street
Wellsburg, New York 14894
Ph# 607-732-0723 Fax# 607-732-5445
www.townofashland.net

FEE: \$25.00 ANNUALLY

NEW RENEWAL DATE _____
LICENSE# _____ BUSINESS NAME: _____
ADDRESS: _____
PHONE# _____ CELL# _____
OWNER'S NAME: _____ FED. ID# _____

1. Has the applicant ever been denied or a license revoked by the Town of Ashland or other municipality within the last 2 years: YES NO
2. Has the applicant been convicted of a crime or federal, state or local law? YES NO If yes, explain: _____
3. Is the applicant obligated under any unsatisfied judgement to a contract? YES NO If yes, provide the date and court location _____
4. Is the applicant aware that submission of this application constitutes authorization that the information in the application and license file shall be available to the public? YES NO
5. Does the applicant have employees? YES NO

NOTICE IF YOU SHOULD HIRE EMPLOYEES OR USE SUBCONTRACTORS YOU MUST NOTIFY THE TOWN IMMEDIATELY AND PROVIDE THE NECESSARY PROOF OF WORKER'S COMPENSATION INSURANCE.

YOU MUST ATTACH A CERTIFICAT OF INSURANCE (AT LEAST \$100,000 PER OCCURANCE) AND PROOF OF WORKER'S COMPENSATION COVERAGE WITH APPLICATION (IF APPLICABLE).

State of New York, County of Chemung:SS

_____ being duly sworn, according to the law, deposed and says that the information in the application is true and correct.

APPLICANT'S SIGNATURE _____

Sworn and subscribed before me (Town Clerk) the _____ day of _____ 20__

TOWN CLERK _____ Approved by.

