

**2020 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.

