VILLAGE OF NORTH HORNELL APPLICATION FOR CONTRACTOR'S LICENSE (\$10 YEARLY FEE)

State:Zip Code:	Address: City: State: Zip Code: Home Phone: Cell Phone: Business Name & Type Address: City: State: Zip:	First Name:	MI	Last Name	
State:Zip Code:	City:				
State:Zip: DOB of drivers license <u>must be attached</u> to this form. T 1 REFERENCE **** one Number) Local References please.	Business Name & Type				
State:Zip: DOB of drivers license must be attached to this form. T 1 REFERENCE **** one Number) Local References please.	Address: City: State: Zip: NY State Driver's License # Copy of drivers license must be attached to this form. **** YOU MUST LIST AT LEAST 1 REFERENCE **** (Include Name, Address & Phone Number) Local References please. Reference: Reference: Do you have employee's: () Yes () No I work alone: () Yes () No PROOF OF LIABILITY INSURANCE MUST BE PROVIDED FOR YOURSELF PROOF OF WORKMEN'S COMP. FOR EMPLOYEE'S WORKMEN'S COMPENSATION EXEMPTION CE-200 #	Home Phone:	Cell Pl	none:	
State:Zip:	City: State: Zip: NY State Driver's License # DOB Copy of drivers license must be attached to this form. **** YOU MUST LIST AT LEAST 1 REFERENCE **** (Include Name, Address & Phone Number) Local References please. Reference: Reference: Do you have employee's: () Yes () No	Business Name & Type_			
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