



**INCORPORATED VILLAGE OF FREEPORT
46 NORTH OCEAN AVENUE
FREEPORT, NEW YORK 11520**

APPLICATION FOR LICENSE:

Please check all that apply

NEW APPLICATION

RENEWAL APPLICATION

SIDEWALK CONTRACTOR LICENSE

RETURN TO VILLAGE CLERKS OFFICE

APPROVED	
Village of Freeport, Nassau Co., N.Y.	
	DATE
DPW _____	_____
Clerk's Office _____	_____
Mayor _____	_____

VILLAGE OF FREEPORT
Freeport, New York
<i>(leave following spaces blank- for office use only)</i>
Date _____
Number _____
Business _____

Code Section _____ Chapter 180 _____
Fee \$75.00

To: The Village Clerk, Village of Freeport, 46 North Ocean Avenue, Freeport, NY 11520

I (We) hereby apply for a license to engage in the business of Sidewalk Contracting

PLEASE PRINT OR TYPE

1. Name of Applicant: _____
 2. Name of Business: _____
 3. Business Address: _____
 4. Business Phone Number: _____
 5. Residence Address: _____
 6. Residence Phone Number: _____ Email: _____
 7. Cell Phone Number: _____
 8. Date of Birth: _____
 9. Place of Birth: _____
 10. Are you a Citizen: _____
 11. If not, have you applied: _____
 12. Number of Naturalization Certificate, If any: _____
 13. Date on Naturalization Certificate, If any: _____
 14. Do you have any objection to a routine finger-print check? _____
 15. Have you ever been convicted of any criminal offense? _____
 16. If yes, when? _____
 17. Charges? _____
 18. Disposition of Charges? _____
 19. Have you read the Rules and Regulations of Freeport governing the conduct of your business? _____
 20. Do you agree to comply with the provisions of Chapter 138, Article 1 of the Ordinances entitled "Licensing of Business" and any other applicable ordinances? _____
- Signed: _____
- Corporate Title: _____

I hereby declare under oath that I fully understand and have answered all of the above questions truthfully.

Signed: _____ (Applicant)

State of New York)
: SS
County of Nassau)

Sworn to before me this _____ day
Of _____ 201____.

Notary

Village of Freeport
Sidewalk Application Experience Questionnaire

Contractor: _____

Doing Business As (please circle): a co-partnership a corporation an individual

Principal Office: _____

Business Phone: _____

Business Fax: _____

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years has your organization been in business as a General Contractor under your present business name?

2. How many years experience in _____ construction work has your organization had?
a. As a General Contractor: _____
b. As a Subcontractor: _____

3. List previous projects your organization completed of a similar nature:

Job Name: _____

Name, Address, and Phone of Owner: _____

Work Performed: _____

Date Completed: _____

Job Name: _____

Name, Address, and Phone of Owner: _____

Work Performed: _____

Date Completed: _____

Job Name: _____

Name, Address, and Phone of Owner: _____

Work Performed: _____

Date Completed: _____

Job Name: _____

Name, Address, and Phone of Owner: _____

Work Performed: _____

Date Completed: _____

4. Have you ever failed to complete any work awarded to you? _____

If so, Where and Why? _____

5. List below Corporations, Individuals, and/or Government Agencies for which you have performed work and to whom do you refer? _____

6. What is the construction experience of the principal individuals of your organization?

Name: _____

Title: _____

Years of Construction Experience: _____

Name: _____

Title: _____

Years of Construction Experience: _____

Name: _____

Title: _____

Years of Construction Experience: _____

Dated at _____ this _____ day of _____, 201____.

(Name of Organization)

By: _____

(Name and Title of Person Signing)

State of New York)
: SS
County of Nassau)

_____, being duly sworn, disposes and says that he is _____
and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to before me this _____ day

Of _____ 201____.

Notary