

INC. VILLAGE OF MALVERNE
BUILDING DEPARTMENT
99 CHURCH STREET
MALVERNE, NEW YORK 11565
(516) 599-1200 FAX: (516) 823-0767

APPLICATION
FOR MALVERNE CONTRACTOR LICENSE
PLEASE PRINT ALL INFORMATION:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
(Street)

(City/Town/Village) (Zip Code)

BUSINESS PHONE #: _____ CELL PHONE # _____

EMAIL : _____

NAME OF PERSON TO CONTACT: _____

TYPE OF CONTRACTOR:

- | | |
|--|--|
| <input type="checkbox"/> ABATEMENT CONTRACTOR | <input type="checkbox"/> MASON |
| <input type="checkbox"/> COMMERCIAL CONTRACTOR | <input type="checkbox"/> PAVING CONTRACTOR |
| <input type="checkbox"/> ELEVATOR CONTRACTOR | <input type="checkbox"/> POOL CONTRACTOR |
| <input type="checkbox"/> FENCE CONTRACTOR | <input type="checkbox"/> SOLAR CONTRACTOR |
| <input type="checkbox"/> GENERAL CONTRACTOR | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> HVAC CONTRACTOR | |

The contractor shall indemnify and hold the Municipality, its elected and appointed officials, employees and volunteers, harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of or resulting from the permits holders/Licensee operations within the Municipality including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

I hereby declare that I have fully complied with the requirements for obtaining my license, as set forth herein.

(Signature)

(Print Name & Title)

