

**Town of Shelter Island
P.O. Box 970
Shelter Island, NY 11964**

www.shelterislandtown.us



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Application for Home Improvement Contractor's License

Please submit updated Liability & Workmen's Comp. Certificates with the Town of Shelter Island as the Certificate Holder along with a check made out to Town of Shelter Island for \$250.00

1. Name, street address and phone number, cell phone number and EMAIL ADDRESS of applicant:(If corporation, list principal officers, stockholders and directors)

Name: _____

Address: _____

Phone-office-cell: _____

Email: _____

2. Trade name of business (if applicable): _____

3. Types of home improvement business to be engaged in:

4. List names of employees that will be the Contact Person or Foreman:

5. Have you ever engaged in the home improvement contracting business under any other individual or firm name? () No () Yes

Name: _____

6. Any applicant that will be applying fertilizer, pesticides, fungicides, herbicides, rodenticide, or any other chemical agent *must supply proof of licensing* as required by federal, state or county agency including Suffolk County Turf Management Training.

Date: _____ **Signature** _____