

**INC. VILLAGE OF VALLEY STREAM
123 SOUTH CENTRAL AVENUE
VALLEY STREAM, NY 11580
OFFICE OF THE VILLAGE CLERK**

BUSINESS HOURS – 8:00 a.m. – 4:00 p.m.

FEE PAID _____

TELEPHONE – 516-592-5105 vsclrk2@vsvny.org FAX: 516-825-8316 LICENSE NO. _____

LICENSE EXPIRES 10/31 EACH YEAR

ISSUED _____

APPLICATION FOR SECOND HAND DEALERS LICENSE

CIRCLE ONE: General License (\$200.00) Management (\$200.00) Renewal (\$100.00) Exposition (\$50.00)	
Name of Applicant:	Phone No.
Address:	
Exact Location of Business:	Bus. Phone No.

Corporation, Co-Partnership or Individual Using a Trade Name

If a Corporation, Co-Partnership or Individual using a Trade Name, Fill In Blank Spaces Below.

Corporation or Trade Name				Phone No.	
Main Office					
Incorporated?	Circle One	Yes	No	Date	State
Partner or President Name			Address		
Partner or Vice Pres. Name			Address		
Partner or Secretary Name			Address		
Partner or Treasurer Name			Address		

Does any person other than persons listed above, have any interest in this business Yes___ No ___

If yes, attach statement explaining their connection with this business.

CORPORATION	<p>A corporation must furnish a photostatic copy of the filing receipt for the Certificate of Incorporation from the New York State Secretary of State. A corporation from outside New York State must furnish a photostatic copy of its application for authority to do business in New York State from the New York State Secretary of State. Some applications require proof of the election of the corporate officers, and in such cases, there must be filed a copy of the minutes of the corporate meeting electing directors and officers.</p> <p>All officers must be fingerprinted and also any stockholder of ten percent or more of the stock.</p>
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INSURANCE REQUIREMENTS (See Attached):

- _____ Copy of Certificate of General Liability Insurance & Additional Insured Endorsement page
- _____ Signed Hold Harmless Agreement form
- _____ Copy of Workers' Compensation form
- _____ Copy of Disability Insurance form
- _____ Form CE-200 in place of W/C & Disability Insurance
- _____ Copy of \$2,000 Surety Bond
- _____ Present license
- _____ One current picture
- _____ Clerk's initials

INDIVIDUAL APPLICANT	Individuals operating under a trade name must present a certified copy of the trade name certificate filed in the Village Clerk's Office.
PARTNERSHIP	A partnership conducting business whether or not under a trade name, must submit a certified copy of the partnership certificate filed in the Village Clerk's Office.
SURETY BOND	Surety Bond in the amount of \$2,000.

I hereby agree to conduct my operation in compliance with the laws of the Inc. Village of Valley Stream and New York State.

Date _____ Signature of Applicant _____

Date: _____ Approved: _____, Village Clerk

If the applicant is a corporation, state its principal place of business and the name and address of a person residing within the Village of Valley Stream on whom papers may be served:

The applicant hereby states that no persons have provided any funds for the organization or operation of this business except as stated in this application and if any such funds are hereafter obtained the Village of Valley Stream is to be notified immediately and in the event of a change of officers, directors or stockholders, the Village of Valley Stream is to be informed forthwith or license may be revoked.

THIS AFFIDAVIT MUST BE COMPLETED

STATE OF NEW YORK)

COUNTY OF NASSAU)

 (Signature of applicant)

Being duly sworn deposes and says: that he/she is the applicant named above; that he/she has read the foregoing application for a license, and knows the contents thereof and that the same is true to his own knowledge, except as to the matters therein related to be alleged upon information and belief and that as to those matters he believes to be true.

Sworn to before me this

_____ day of _____ 2_____ (signature)

 Notary Public, Nassau County, NY

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Insurance Requirements For Independent Contractors/Sub-Contractors
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The independent contractor shall maintain at a minimum the following insurance giving evidence of same to Inc. Village of Valley Stream on the form of **Certificates of Insurance, copies of the General Liability, Declaration Page and copy of the Additional Insured Endorsement, providing 30 days notice of cancellation, non-renewal or material change.** New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. Workers Compensation and NYS Disability

Coverage	Statutory
Extensions	Voluntary Compensation; All States Coverage Employers Liability - Unlimited

II. Commercial General Liability

Coverage and Limits	Occurrence - 1988 ISO or equivalent
	General Aggregate \$2,000,000
	Products & Completed Operations \$2,000,000
	Personal & Advertising Injury \$1,000,000
	Per Occurrence Limit \$1,000,000
	Fire Damage \$ 50,000
	Medical Expense \$ 5,000

Additional Insured	Inc. Village of Valley Stream, all elected and appointed officials, employees and volunteers using ISO Form CG2026 or equivalent
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Extension – Mandatory	Aggregate Limits to apply per project. Full Contractual Liability
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Extension – If possible	Endorsement showing that this policy is considered primary and non-contributory . Waiver of Subrogation in favor of the additional insured.
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III. Automobile Insurance

Limit	\$1,000,000. Combined Single Limit – Owned, Hired & Non-owned Vehicles
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If possible:

Additional Insured	Inc. Village of Valley Stream, all elected and appointed officials, employees and volunteers.
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IV. <u>Umbrella Liability - Suggested</u>	
Coverage	Umbrella Form, or Excess Follow Form
Suggested Limit	\$2,000,000.
Additional Insured	Inc. Village of Valley Stream, all elected and appointed officials, employees and volunteers.

INC. VILLAGE OF VALLEY STREAM

To Vendors/Contractors

Please be advised that all insurance requirements must be current and be on file in the Office of the Village Clerk.

CERTIFICATE OF GENERAL LIABILITY & ADDITIONAL INSURED ENDORSEMENT WORDING:

The Description should read:

The Inc. Village of Valley Stream, all elected and appointed officials, employees and volunteers are included as Additional Insureds.

The Certificate Holder should read:

**Inc. Village of Valley Stream
123 So. Central Avenue
Valley Stream, NY 11580**

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

The Vendor/Contractor shall indemnify and hold harmless the Inc. Village of Valley Stream, its officers, employees, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable or unforeseeable, which arises out of or is connected with, or is claimed to arise out of to be connected with any undertaking, product, goods, merchandise, products, services sold and/or work supplied, furnished or performed by the Vendor/Contractor or its agents, liability, damages, loss, claims, attorneys and adjusting fees, demands and actions on account of personal injury, death or property loss to the Inc. village of Valley Stream its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Inc. Village of Valley Stream. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature – for tort, under contract, for strict liability or other liability wjthout fault, under statue, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ____ day of _____, 202__.

Name of Firm

Address

Contractor's Signature

(Please Print Name and Title)

Witness:

Signature

Date

Print Name