TOWN of BABYLON LONG ISLAND GREEN HOMES PROGRAM

2020 CLASS 9 LICENSE¹ – BUILDING PERFORMANCE CONTRACTOR REQUIREMENTS

| License Application Fee | \$250 per license per year | |
|--------------------------------|--|--|
| | Make check payable to: Town of Babylon | |
| Eligibility | Persons, Corporations, Businesses or Other | |
| Eligibility | Legal Entity | |
| | 1. Current Shell and Heating Certification | |
| | from the Building Performance Institute; | |
| | 2. Current licensed contractor in Suffolk | |
| | County for at least one year in good | |
| Eligibility Dogwiyamanta | standing; | |
| Eligibility Requirements | 3. Successfully completed at least ten (10) | |
| | building energy performance contracts ² ; | |
| | and | |
| | 4. General Liability Insurance in the sum of | |
| | at least \$1,000,000. | |

| | General Liability |
|-----------------------------|---------------------------|
| Accord Forms are Acceptable | |
| | Current Disability |
| Accord Forms are Acceptable | |
| XX/l | C C C |

Workers Compensation Certificate

Certificate must be valid for the term of the license.

SIGNATURE MUST BE NOTARIZED

(last page of application)

MAIL YOUR COMPLETED APPLICATION and ALL REQUIRED INFORMATION TO:

Long Island Green Homes

Town of Babylon

281 Phelps Lane

North Babylon, New York 11703

ANY QUESTIONS: Call the Long Island Green Homes Hotline: (631) 422-4411

or visit the official website: www.ligreenhomes.com

Fax # (631) 893-1008 Hours: Monday through Friday 8:00 a.m. to 4:30 p.m.

² The required listing of 10 completed building energy performance contracts is waived for applicants choosing to renew their license.

¹ The license is valid from January 1, 2020 through December 31, 2020



TOWN of BABYLON LONG ISLAND GREEN HOMES PROGRAM CLASS 9 LICENSE APPLICATION: BUILDING PERFORMANCE CONTRACTOR

Long Island Green Homes Program Building Performance Contractor License Application

| Company Name: | | | |
|--|-------|--|--|
| Business Address: | | | |
| City, State, Zip Code: | | | |
| Mailing Address (if different from above): _ | | | |
| City, State, Zip Code: | | | |
| Federal Identification Number: | | | |
| Or Social Security Number, if individual: | | | |
| TELEPHONE NUMBERS: | | | |
| Day: | Cell: | | |
| Night: | Fax: | | |
| Contact Person or Persons: | | | |

Class 9 License: For BUILDING PERFORMANCE CONTRACTOR for the Town of Babylon's **LONG ISLAND GREEN HOMES PROGRAM**

ALL PAGES MUST BE <u>TYPEWRITTEN</u> OR <u>PRINTED</u> IN INK.



TOWN of BABYLON LONG ISLAND GREEN HOMES PROGRAM CLASS 9 LICENSE APPLICATION: BUILDING PERFORMANCE CONTRACTOR

| 1. | 1. Has the Corporation or any Officer, Director or Stockholder ever bee convicted of a felony? | | | |
|-------|--|--|--|--|
| | No on. Attach copy of certifi | If yes, provide complete details including date and cate of relief, if granted. | | |
| 2. | Does the Corporation interest in any other B | or any Officer, Director or Stockholder hold an usiness? | | |
| Yes _ | No | If yes, please provide complete details. | | |
| | | | | |
| | | | | |
| 3. | consent decrees, stipul | r any Officer, Director or Stockholder executed any ations or dispositions with any Government Agency or ard to any Government or RICO suit? | | |
| Yes _ | No | If yes, please provide complete details. | | |
| | | | | |
| 4. | | r any Officer, Director or Stockholder ever had any ied, suspended or revoked? | | |
| Yes _ | No | If yes, please provide complete details. | | |
| | | | | |

COMPLETE THE FOLLOWING FOR EACH DIRECTOR, OFFICER AND STOCKHOLDER OWNING MORE THAN 5% OF COPRPORATE STOCK (USE ADDITIONAL SHEETS IF NECESSARY)

| NAME: | | | | |
|---------------------------|---------|----------------|-----|-------------------|
| Also Known As: | | | | |
| Title: | | Date of Birth: | | |
| Home Address: | | | | |
| Social Security Num | ber: | | | |
| Citizen of U.S.? | Yes | No | _ | If no, Citizen of |
| PERCENTAGE OF | OWNERSH | IP: | | % |
| | | | | |
| NAME: | | | | |
| Also Known As: | | | | |
| Title: | | | Dat | e of Birth: |
| Home Address: | | | | |
| Social Security Num | ber: | | | |
| Citizen of U.S.? | Yes | No | | If no, Citizen of |
| PERCENTAGE OF OWNERSHIP:% | | | | <u>%</u> |
| | | | | |
| NAME: | | | | |
| Also Known As: | | | | |
| Title: D | | | Dat | e of Birth: |
| Home Address: | | | | |
| Social Security Number: | | | | |
| Citizen of U.S.? | Yes | No | | If no, Citizen of |
| PERCENTAGE OF OWNERSHIP:% | | | | |



TOWN of BABYLON LONG ISLAND GREEN HOMES PROGRAM CLASS 9 LICENSE APPLICATION: BUILDING PERFORMANCE CONTRACTOR

Applicants must attach the following information to License Application:

- 1. Copy of current Shell <u>and</u> Heating Certification from the Building Performance Institute;
- 2. Copy of current Suffolk County Contractor's License; and
- 3. Proof of General Liability Insurance in the sum of at least One Million Dollars (\$1,000,000.00) with the *TOWN of BABYLON* listed as Additional Insured. Copy of Accord Form is acceptable.

This Class 9 License Application is made by your deponent and intended to be filed with the Town of Babylon to fulfill the requirements of Section 133-14 of the Town of Babylon Code

The applicant hereby consents that any authorized representatives of the Town of Babylon will be permitted to make random on-site inspections during the hours of operation of any and all locations the applicant maintains for the purpose of determining compliance with the conditions of any license issued hereunder.

The applicant is familiar with and agrees to comply with the Code of the Town of Babylon, Chapter 57 and Chapter 133 and the regulations of the Sanitation Commission which are available on line at www.townofbabylon.com or through the Town Clerk's Office.

The signatory below affirms the truth and accuracy under penalty of perjury of this application and any attached lists or information.

, being duly sworn, deposes and says that (s)he

| resides at | in th | ne County of | , and |
|--------------------------|---|-----------------------|-------------|
| State of | , and that (s)he is the (owner in fee) or | | |
| | of the | Corpo | ration, |
| which is the owner in f | | | |
| 9 License to the Sanitar | tion Commissio | n of the Town of Baby | lon and the |
| (s)he has authorized | | to make the fo | regoing |
| application. | | | |
| | | | |
| Sworn to me this | | (Corporate Se | al) |
| Day of, 20 | _ | | |
| | | | |
| | | | |
| Notary Public | | | |
| | | | |
| | | Owner, Partner, Corpo | |
| | | or Other (state t | itle) |