



CITY OF YONKERS HOME IMPROVEMENT APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

APPLICATION REQUIREMENTS

Pursuant to the provisions of the City Code of Yonkers,
All required documents must be submitted with the completed application.
Missing items will result in the delay and/or denial of the application.

1. Application must be signed by the applicant before a Notary Public.
Applicant must be an owner, partner or officer of the business.
2. Vehicle Registration(s) used in the business operations (window stickers will not be accepted) with Automobile Insurance Certificate.
Bumper stickers are provided for three (3) vehicles; each additional vehicle is **\$10**. (Minimum of one required.) Bumper sticker must be placed on the rear, left fender of permitted vehicle.
3. Valid Driver's License issued by the Department of Motor Vehicles.
If you do not have a Driver's License, a Dept. of Motor Vehicle-issued ID Card is required.
4. Certificate of Insurance for General Contractor Liability (\$500,000) listing the City of Yonkers Office of Licensing/Consumer Protection as certificate holder.
5. Certificate of Workers' Compensation Insurance (Form # C-105.2 or SI-12) listing the City of Yonkers/Office of Licensing as certificate holder.
If you are exempt from Workers' Compensation Insurance; submit Form CE-200.
For Information contact NYS Workers Compensation: www.wcb.state.ny.us or 866-746-0552
6. Proof of business name: Business Certificate, Partnership Certificate or Articles of Incorporation.
7. Does the company charge customers New York State Sales Tax:
☐ YES. If YES, Submit NYS Certificate of Authority card.
☐ NO. If NO, Complete CAPITAL IMPROVEMENTS (pg. 4) and sign before a Notary Public.
8. Applicant must complete the attached Work History Form.

LICENSE FEE, TERMS AND EXPIRATION DATE

1. \$400.00 License Fee; NON-REFUNDABLE.
Payable to the City of Yonkers; *Certified Business Check OR Money Order*
More than Three (3) vehicle registrations; include \$10 per each additional vehicle.
2. Background check completed for both Applicant(s) and Business; include any prior history that may prevent issuance of license.
3. Vehicles of licensees conducting business in the City of Yonkers shall display on the sides of the body of the vehicle, in permanent letters legibly printed, stamped or enameled at least eight (8) inches in height and one and one-half (1 1/2) inches in width, or on a sign attached to the side of the vehicle or prominently displayed on an enamel sign at least two by three (2 x 3) feet in size attached to the vehicle the name, address and phone number of the owner/business.
4. License Expires Two (2) years following date of issuance and is not transferable.
Notify the bureau *immediately* of any change in information provided on application.

Mayor Mike Spano
Director Kerry O'Brien Hess



CITY OF YONKERS HOME IMPROVEMENT APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

Name:	Social Security #:	-	-
Home Address: (P.O. Boxes Not Accepted)			
City:	State:	Zip Code:	
Phone/cell #: ()	-		
Date of Birth: / /	Driver License State:	#:	
E-mail:			
Have you ever been arrested or convicted of a crime? Yes ☐ No ☐ If YES, Attach Explanation.			
Type of Ownership: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Other (explain)			
Name of Company:			
DBA/Trade or Display Name:			
Business Address: (P.O. Boxes not accepted)			
City:	State:	Zip Code:	
Your Title with Company:			
Does the business have an additional Mailing Address? Yes ☐ No ☐ If YES, Attach Explanation.			
Business Phone #: ()	-	Number of employees:	
Web address:			
Note: As per the Zoning Law 43-41 (G): Businesses located within the City of Yonkers may not operate (or store vehicles and/or equipment) at a residential address. See Code attached.			
Number of vehicles used in business :			
Does company operate from additional locations than listed above: If YES, Attach all additional addresses to application with their function.			
Type of Home Improvement that business performs:			
Please check below if any of these services are performed: ☐ Excavation; ☐ Snow Removal			
Has Applicant held a Yonkers license under this or any other company name: Yes ☐ No ☐ If YES, Attach Explanation.			
Has Business had a Home Improvement License, in this or other jurisdiction suspended/revoked: Yes ☐ No ☐ If YES, Attach Explanation.			

Mayor Mike Spano
Director Kerry O'Brien Hess



CITY OF YONKERS COMPANY INFORMATION FORM

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

You must list EACH additional owner, partner and officer involved with the company (use additional sheets, if necessary): *If none, initial here: _____

Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		

You must list ALL unsatisfied judgments in which the applicant, partner(s) or officer(s) are named as judgment debtor (use additional sheets, if necessary): *If none, initial here: _____

Judgment Debtor	Judgment Creditor	Disposition / Court	Date

INSURANCE AND SALES TAX INFORMATION:

Worker's Compensation Policy #:	Expires:
Name of Company: _____	
Disability Benefits Insurance Policy #:	Expires:
Name of Company: _____	
NYS Sales Tax Authority #:	Expires:
Certificate of Insurance Policy #:	
Expires:	
Name of Company: _____	



CITY OF YONKERS HOME IMPROVEMENT APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

WORK HISTORY FORM

You must list any/all employment and/or training in the Home Improvement/Construction industry for the past 5 years (attach additional sheets, if necessary):

Company Name

Address

City

State

Zip

Phone

Employer/Contact:

Phone

E-mail

Dates Employed

Duties/Work performed

Company Name

Address

City

State

Zip

Phone

Employer/Contact:

Phone

E-mail

Dates Employed

Duties/Work performed

Company Name

Address

City

State

Zip

Phone

Employer/Contact:

Phone

E-mail

Dates Employed

Duties/Work performed

Mayor Mike Spano
Director Kerry O'Brien Hess



CITY OF YONKERS HOME IMPROVEMENT APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

CAPITAL IMPROVEMENTS ONLY

Company Name: _____

As a Home Improvement Contractor, the above-named business engages in **Capital Improvement only**, therefore, does not require a New York State Sales Tax Identification Number. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 Penal Law.

Sworn and subscribed to before me

This ____ day of _____, 20__.

Signature of Applicant

Date

Notary Public

Hold Harmless Clause

The applicant agrees to protect, defend, indemnify, and hold the City of Yonkers and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers et al, death or damages to property (including property of the City of Yonkers et al) and without limitations by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with, or arising directly or indirectly out of the said agreement. The applicant agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demands, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc) is groundless, false, or fraudulent.

I, _____ being duly sworn,
deposes and says that all of the answers in the foregoing application are true. I give my consent for the agency to conduct a background check to confirm any/all information provided herein.

Sworn and subscribed to before me

This ____ day of _____, 20__.

Signature of Applicant

Date

Notary Public

Mayor Mike Spano
Director Kerry O'Brien Hess



CITY OF YONKERS HOME IMPROVEMENT APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701
914-377-6808 • Email: ConsumerHelp@YonkersNY.gov

PLEASE RETAIN FOR YOUR RECORDS

Zoning Law 43-41(G):

Chapter 43. Zoning

Article VI. Supplementary Use and Dimensional Regulations

43-41. Supplementary regulations for certain accessory residential uses and structures.

G. Home occupations.

- (1) Any occupation or activity carried out for gain by a resident shall be conducted entirely within the dwelling unit and shall be clearly incidental to the use of the structure as a dwelling. No accessory structures or areas outside the principal structure shall be used for or in connection with the home occupation.
- (2) There shall be no change in the appearance of the dwelling or premises, or any visible evidence of the conduct of a home occupation.
- (3) There shall be no storage of equipment, vehicles or supplies associated with the home occupation outside the dwelling.
- (4) There shall be no display of products visible in any manner from outside the dwelling, nor shall any advertising display or identification signs be permitted.
- (5) No persons outside of the residents who occupy the dwelling shall be permitted to work on the premises.
- (6) The home occupation shall not involve the use of commercial vehicles or delivery service for delivery of materials to or from the premises or create more traffic than is customary for a residence of the type permitted in the zone.
- (7) No customer, clients, colleagues, or members of the public shall visit the home in connection with the home occupation carried on within the dwelling.
- (8) No additional on-or-off-street parking spaces for clients or customers shall be provided on the premises.
- (9) Commercial newspaper, radio, or television services shall not be used to advertise the location of the home occupation to the public.
- (10) No equipment or process shall be used in a home occupation other than is customarily used for domestic and household purposes, and no equipment shall be used or process conducted which creates, noise vibration, glare, fumes or odors detectable to the normal senses at the property boundary lines of the premise.