

NOTICE TO ALL
CONTRACTORS/SOLICITORS/PEDDLERS

ALL CONTRACTORS, SOLICITORS & PEDDLERS WHO WORK WITHIN THE TOWN OF ELMA MUST HAVE ON FILE A VALID REGISTRATION APPLICATION ISSUED IN THE ELMA TOWN BUILDING DEPARTMENT.

Attached you will find an application for a Contractors, Solicitors, Peddlers Registration. The annual registration fee is \$75.00; the yearly renewal fee is \$50.00.

This permit shall be valid on weekdays between the hours of 9:00 a.m. and 5:00 p.m. It will be valid for one year from the date it was issued for contractors and for a period of 60 days for a solicitor, peddler, or transient retail business. Said permit shall not be transferable but shall be revocable in the event of violation of the terms and conditions thereof (§ 105.9 Issuance of Permit; conditions).

APPLICANTS:

Along with the fee and information requested on the application, you will need to provide satisfactory evidence that employees of the applicant are covered by Workers Compensation. Your insurance carrier or their licensed agents must issue C_105.2 (12-03) for the Worker's Compensation, unless applicant is with the New York State Insurance Fund, then that form would need to be provided, and public liability insurance with limits of at least \$100,000 per person, \$300,000 for each bodily injury accident and \$25,000 property damage liability. The applicant shall be responsible for furnishing the Town of Elma with copies of current Certificates of Insurance demonstrating that the applicant has appropriate insurance coverage in place.

If you have any questions, contact the Elma Town Building Department between the hours of 8:00 a.m. to 4:00 p.m. Monday through Friday at 652-2188 ext. 6.

PLEASE NOTE THAT THIS IS A REGISTRATION ONLY AND THE TOWN OF ELMA DOES NOT ENDORSE OR APPROVE ANY BUSINESS BEING REGISTERED IN THE TOWN.

TOWN OF ELMA

Application for Contractors/Solicitors/Peddlers Registration Code section 105

Business Name _____

Business Address _____

City/State/Zip _____

Business Phone # _____

Business email address _____

Business Owners Name _____

Owners Phone # _____

Years in Business _____ Approx # of Employees _____

If partnership or Corporation list all partners or Corporation Officers

Check Appropriate type Contractor () Solicitor () Peddler ()

Contractor:

Name of Financial Institution used for escrow account for applicant's customers:

Check all that apply:

General _____ Home Improvement _____ HVCA _____ Interior remodeling _____

Exterior Remodeling _____ Siding _____ Roofing _____ Gutters _____ Concrete _____

Blacktop _____ Blacktop Sealing _____ Masonry work _____ Chimney _____

Windows _____ Fences _____ Swimming Pools _____ Drainage _____ Demolition _____

Insulation _____ Other _____ list _____

List the names and telephone # of all persons who may be reached 24 hours/day in the event of problems:

1. _____

2. _____

All Insurance Certificates must be issued to :

Town of Elma, Clerk's Office, 1600 Bowen Rd, Elma, NY 14059

TODAY'S DATE:

Revised May 2023

TOWN OF ELMA

For Peddlers and Solicitors:

Solicitation- Type of Sales/Services

Peddler- Type of Sales/Services

List names of any employee to carry on sales in Elma.

1. _____
2. _____
3. _____
4. _____

List vehicles make, model, license number with names and phone # to whom the vehicle is registered.

1. _____
2. _____
3. _____
4. _____

(Use additional sheets as needed)

TODAY'S DATE:

Revised May 2023

Forms

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Workers' Compensation Forms

Applicant Instructions for Form CE-200 – Effective December 1, 2008

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Effective December 1, 2008, **exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting December 1, 2008, ONLY applicants eligible for **exemptions** must file a **new CE-200** for **each and every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.ny.gov.

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Government agencies have the authority to verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies. For example, if you are applying for a license for a 150 seat restaurant and indicate on the CE-200 exemption form that you are a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and immediately upon completion, be able to print out a hard copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. The applicant will create a pin and password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.

Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200.

However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

**In the Application of
(Legal Entity Name and Address):**

**JOHN SMITH
123 MAIN STREET
ALBANY, NY 12207
111-111-1111
Federal ID Number: XXXXX6789**

**Business Applying For:
BUILDING PERMIT**

From: CITY OF ALBANY, DEPT OF BUILDING AND CODES

The location of where work will be performed is

123 ACME AVENUE, ALBANY, NY 12203.

Estimated dates necessary to complete work associated with the building permit are from **October 14, 2008 to March 31, 2009.**

The estimated dollar amount of project is **\$25,001 - \$50,000**

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

**SIGN
HERE**

Signature:

Date:

Exemption Certificate Number

2008-00197

Received

October 2, 2008

NYS Workers' Compensation Board

WORKER'S COMPENSATION WAIVER

Applicant Name: _____

Address: _____

City/State/Zip: _____

Business Name: _____

Phone: _____

The above named Applicant for a Contractors/Solicitors/Peddlers registration card makes the following statement for the purpose of establishing that he/she does not require insurance coverage under either Section 57 of Worker's Compensation Law, or Section 220, Subdivision 8 of the Disability Benefits Law.

_____ I am not employing anyone to carry on the business activities covered by this license.

I hereby affirm, under penalty of perjury, that I am the above named Applicant, and that the foregoing statements are true.

Signature: _____ Date: _____

