



2020
ANNUAL APPLICATION
CONTRACTOR'S PERMIT
CITY OF RYE BOAT BASIN

PERMIT #: _____

Permit Type (Business e.g. Boat Detailer): _____

NAME _____ **EMAIL** _____

STREET ADDRESS: _____

CITY AND STATE _____ **ZIP** _____

TELEPHONE NO. _____ **CELL NO.** _____

BUSINESS NAME _____

STREET ADDRESS _____

CITY AND STATE _____ **ZIP** _____

YEARS CONTINUALLY WORKING IN TRADE _____

WESTCHESTER COUNTY LICENCE # (if applicable) _____

The undersigned hereby makes application for a contractor's permit for the City of Rye Boat Basin.

Applicant Signature: _____ **Date:** _____

Approved: _____ **Date:** _____

City Clerk

**** Return application with all necessary documents to the City Clerk's Office, 1051 Boston Post Road, Rye, NY 10580**

FOR OFFICE USE ONLY

Permit Fee: \$250.00

Date Issued: _____ **Expiration Date:** _____

**REQUIREMENTS FOR CONTRACTORS PERMIT
CITY OF RYE BOAT BASIN**

1. Certificate of Liability
 - a. Certificate of Liability Insurance Certificate (original).
 - b. Please attach the enclosed "Hold Harmless Clause" to the certificate.
 - c. Certificate of Liability Insurance (original) evidencing a minimum of \$1,000,000 General Liability Insurance in all categories.
 - d. Excess Liability evidencing 1,000,000 (minimum) Each Occurrence AND 1,000,000 (minimum) Aggregate.
 - e. Description of Operations/Locations/Vehicles/Special Items box must read: **City of Rye** is an additional insured with respect to all operations and/or work performed by "name of applicant" in the City of Rye
 - f. City of Rye named as Certificate Holder.
 - g. Hold Harmless Clause indemnifying the City against claims and judgments resulting from the use of City property.
 - h. Automobile and Garage Liability if applicable.
 - i. Issuing insurer will mail written notice to the certificate holder if cancelling any of the described policies before the expiration date thereof.
2. A copy of the New York State Insurance Fund Certificate of Worker's Compensation Insurance showing compliance with the Disability Benefits Laws.
 - a. If you are self-employed and do not require Worker's Compensation and Disability Benefits insurance, please submit a waiver from the NYS Compensation Board.
3. Check in the amount of \$250.00 (per permit annually) made payable to the "City of Rye".
4. Completed application form(s) (enclosed).

All permit applications, insurance certificates must be submitted to the
City Clerk's Office
1051 Boston Post Road
Rye, NY 10580



THE FOLLOWING HOLD HARMLESS CLAUSE MUST BE SIGNED BY AN ADMINISTRATOR OF THE CORPORATION.

The Permittee shall, during the performance of its work, take all necessary precautions and place proper guards for the prevention of accidents, and shall indemnify and save harmless the City and its employees, officers, and agents, from all claims, suits and actions and all damages and costs to which they may be put by reason of death or injury to all persons or property of another resulting from unskillfulness, willfulness, negligence or carelessness in the performance of its work, or in guarding and protecting the same, or from any improper methods, materials, implements, or appliances used in its performance, or by or on account of any direct or indirect act or, omission of the Permittee or his employees or agents, and whether or not any active or passive or concurrent or negligent act or omission by the City or any of its employees, officers or agents may have directly or indirectly caused or contributed thereto.

Applicant/Permit (Printed)

Insurance Company

Title and Name of Business

Date

Address

Signature of Applicant/Permittee

City Clerk
1051 Boston Post Road
Rye, NY 10580
(914) 967-7371



City Of Rye

Rye Boat Basin
650 Milton Road
Rye, NY 10580
(914) 967-2011
boat@ryeny.gov

Permit Number: _____

License Permittee Name: _____

LIST ALL EMPLOYEES OF PERMITEE

Name	Address	Cell #	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above listed persons are employed by me, the Permittee, and are covered by my Workers' Compensation and Employers' Liability Insurance.

Approved by

By: _____
City Clerk (City of Rye)