

City of Rye
City Clerk
1051 Boston Post Rd.
Rye, NY 10580
914 967-5400-clerk@ryeny.gov

FOR OFFICE USE ONLY

License No. _____ License Fee: \$250.00 PER LICENSE
Issued: _____ Expires: _____
Year _____

ANNUAL LICENSE APPLICATION
MECHANICAL INSTALLER'S
GAS/OIL HEATING EQUIPMENT

Please check appropriate license(s)

Oil Heating Equipment _____ Gas Heating Equipment _____
Renewal _____ Reciprocal _____

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 _____

The undersigned hereby makes application for a license to install and service the above described mechanical equipment

Applicant Signature _____

Approved: _____

REQUIREMENTS FOR LICENSE

IN ORDER TO QUALIFY FOR A MECHANICAL INSTALLER GAS/OIL HEATING EQUIPMENT LICENSE IN THE CITY OF RYE, YOU MUST HAVE A CURRENT RECIPROCAL LICENSE FROM ANOTHER MUNICIPALITY IN WESTCHESTER OR PUTNAM COUNTIES. PLEASE INCLUDE COPIES OF LICENSES WITH THIS APPLICATION.

MUNICIPALITY

DATE ISSUED

1. **Certificate of Liability Insurance is (original). Please attach the enclosed “Hold Harmless Clause” to the certificate.**
 - Certificate of Liability Insurance (original) evidencing a minimum of \$1,000,000 General Liability Insurance in all categories.
 - Excess Liability evidencing 1,000,000 (minimum) Each Occurrence and 1,000,000 (minimum) Aggregate.
 - 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
 - City of Rye named as Certificate Holder.
 - Hold Harmless Clause indemnifying the City against claims and judgments resulting from the use of City property.
 - Automobile and Garage Liability if applicable.
 - Issuing insurer will mail 30 days written notice to the certificate holder.

2. **A copy of the New York State Insurance Fund Certificate of Worker's Compensation Insurance showing compliance with the Disability Benefits Laws.**

3. **If you are self-employed and do not require Worker’s Compensation and Disability Benefits insurance, please indicate by checking in the space at the left and submit a waiver from the NYS Compensation Board.**

4. **Check in the amount of \$250.00 (per permit annually) made payable to the City of Rye. Completed application form(s) (enclosed).**



CITY OF RYE

CITY HALL • RYE, NEW YORK 10580

TELEPHONE (914) 967-5400

(914) 967-7371

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, shall put up and keep all night suitable and sufficient lights, 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/Licensee (Printed)

Insurance Company

Title and Name of Business

Date

Address

Signature of Applicant/Licensee