

License Number: _____

Fee: _____

\$50.00 annually

Village of Clyde / Town of Galen

Torch-Down Roofer License Application

Please make checks payable to: VILLAGE OF CLYDE or TOWN OF GALEN as applicable
Return completed application, fee and supporting documents to: 6 South Park Street, Clyde, NY 14433

☐ New Application

☐ Annual Renewal

Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Trade Name: _____

Business Address: _____

Work Phone: _____

Email Address: _____

Provide proof of:

1. NYS Workers' Compensation & Disability Insurance Coverage, or exemption from such coverage.
2. General Liability Insurance Coverage (not less than \$100,000).

I hereby certify that the above statements and all attachments are true and correct to the best of my knowledge.

Applicant Signature

_____/_____/_____
Date

Printed Name

Title

OFFICE USE ONLY

Status of Application: ☐ Approved

☐ Denied

Expires: ____/____/____

Code Enforcement Officer

_____/_____/_____
Date