

Date Received: _____

CLINTON HOUSING IMPROVEMENTS PROGRAM

CONTRACTOR REGISTRATION FORM

Name of Company: _____

Address: _____

Telephone (office and cell): _____ E-Mail: _____

Owner(s) of Company:

Name	Address	Home Telephone
1. _____	_____	_____
2. _____	_____	_____

Number of Employees: _____ Years in Business: _____

Corporation _____ Sole Proprietorship _____ Partnership _____

General Types of Work Performed by Company: _____

Average Job Size (check one):

\$0-10,000 _____ \$10,000-25,000 _____ \$25,000-50,000 _____ over \$50,000 _____

License # and Type: _____

Additional Licenses Held: _____

(Include copies of all current licenses you have.)

Have you ever had your license revoked or has your company been debarred? Yes ___ No ___

If yes, explain:

Does any member of the owner(s)' household or immediate family (spouse, parents, children or siblings) work (whether full or part time) as an employee of or serve as an elected or appointed official (whether paid or unpaid) of the Town of Clinton? Yes No

If yes, please indicate household/family member name and position held:

Name: _____ Position: _____

Federal Employer I.D. #: _____ DUNS # (if available): _____

Minority Owned Business: Yes _____ No _____

Women Owned Business: Yes _____ No _____

List Three (3) Suppliers With Whom You Currently Do Business (list name, address, phone).

1. _____

2. _____

3. _____

List Three (3) References From Projects You Have Completed Within the Past Year.
(list name & cost of project, project address, phone)

1. _____

2. _____

3. _____

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name: _____ Signature: _____

Title: _____ Date: _____

Please note that Contractors will not be awarded contracts through the Program until evidence of appropriate licenses, Home Improvement Registration, and a Certificate of Insurance is provided. The following insurance is required: Public Liability and Property Damage Insurance in an amount not less than \$500,000 for injuries, including accidental death to each person, and subject to the same limit for each person in an amount not less than \$1,000,000 on account of each accident and Property Damage Insurance in an amount not less than \$250,000 per accident and \$500,000 aggregate.

The General Contractor shall maintain, during the life of this Contract, Worker's Compensation Insurance for all of his employees engaged in work under this Contract and, in case any such work is sublet, the General Contractor shall ensure that the subcontractor and all his employees engaged in such work are covered by a Worker's Compensation Policy. The intent of these requirements is to ensure that all persons who can be insured and are engaged in work under this contract are covered by a Worker's Compensation policy. Any employment or subcontract arrangement which leaves a worker unprotected is not acceptable under the terms of this contract.

Mail completed application form to: Clinton Office of Community & Economic Development 242 Church Street Clinton, MA 01510
--