

**CITY OF TONAWANDA**  
BUILDING INSPECTOR'S OFFICE  
200 NIAGARA STREET  
TONAWANDA, NEW YORK 14150-1099  
Phone: 716-695-1806 Fax: 716-743-8870  
email:krank@ci.tonawanda.ny.us

**FEE: \$100.00 YEARLY**

**LICENSE #** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: TONAWANDA CITY TREASURER**

**ALL LICENSES EXPIRE 12/31 OF THE ISSUING YEAR**

## APPLICATION FOR ELECTRICAL LICENSE

Name of Concern or Corp: \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

No. of years in Business \_\_\_\_\_

Name of Electrical Certificate Holder \_\_\_\_\_

Title or Position with the Company \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Approximate No. of Employees \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Required insurance coverage in order to apply for the License:

\$1,000,000 General Liability Coverage

Workers' Compensation Insurance required or Certificate of Exemption

NYS Disability Insurance required or Certificate of Exemption

**\*\*CERTIFICATES OF INSURANCE TO BE ISSUED TO THE CITY OF TONAWANDA\*\***

By signing this application I certify that I currently hold a City of Tonawanda Electrical Certificate of Competency. I further certify that I currently own or are an employee of the above named company. If I terminate my employment I will notify the City of Tonawanda Building Inspector in writing.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**