

VILLAGE OF EAST HILLS  
INCORPORATED JUNE 24, 1931

Mayor  
Michael R. Koblenz

Deputy Mayor  
Emanuel Zuckerman

Trustees  
Clara Pomerantz  
Brian Meyerson  
Stacey Siegel



Village Attorney  
William C. Burton, Esq.

Village Clerk-Treasurer  
Donna Gooch

209 Harbor Hill Road  
East Hills, NY 11576  
(516) 621-5600  
(516) 625-8736 fax

## REQUIREMENTS FOR PLUMBER / ELECTRICIAN LICENSE APPLICATION

**\*ORIGINAL WORKER'S COMPENSATION CERTIFICATE.** This certificate will **NOT** be accepted on an Accord form. It must be a separate form, either C105 form or State Insurance Fund Certificates only. If you are not required to have a worker's compensation policy by the state then a signed and dated CE-200 form (waiver) will be accepted. Fax copies or emails will NOT be accepted.

**\*ORIGINAL CERTIFICATE OF GENERAL LIABILITY.** Fax copies or emails will NOT be accepted.

**\* ORIGINAL CERTIFICATE OF DISABILITY INSURANCE.** **MUST** be on the DB-120 form. Proof will not be accepted by submitting an Accord form. Fax copies or emails will NOT be accepted.

**The above 3 MUST list Inc. Village of East Hills as certificate holder.**

\*A photocopy of your VALID plumbers / electricians license from another City, County or Town.

\*A license fee is required when handing in application for processing. (Fee is currently **\$100** if paid by December 31, 2019; potential increase may be enacted after January 1, 2020)

**NOTE:** THE INCORPORATED VILLAGE OF EAST HILLS MUST be the certificate holder and ALL insurance documents MUST have our correct address:

209 HARBOR HILL ROAD EAST HILLS, NY 11576

**FAXES OR COPIES WILL NOT BE ACCEPTED**

INCORPORATED VILLAGE OF EAST HILLS  
APPLICATION FOR PLUMBER / ELECTRICIAN LICENSE

ELECTRICIAN \_\_\_\_\_ PLUMBER \_\_\_\_\_ **Year** \_\_\_\_\_ ORIGINAL \_\_\_\_\_ RENEWAL \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER (     ) \_\_\_\_\_

MASTER PLUMBER / ELECTRICIAN NAME: \_\_\_\_\_

LICENSE VERIFICATION FROM: \_\_\_\_\_

**ORIGINAL INSURANCE CERTIFICATES MUST BE SUBMITTED WITH THE APPLICATION. NO  
FAXED COPIES – APPLICATION WILL BE RETURNED IF ALL PAPERWORK IS NOT ATTACHED.**

COMPANY \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

WORKER'S COMP \_\_\_\_\_

DISABILITY INSURANCE \_\_\_\_\_

GENERAL LIABILITY \_\_\_\_\_

**\$500 BOND (PLUMBERS ONLY) \_\_\_\_\_ \*\* NO LONGER REQUIRED\*\* \_\_\_\_\_**

Sworn to before me this \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_,  
Notary Public, Nassau County, N.Y.

Signature of Master Plumber / Electrician  
\_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_  
RECEIPT NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ SIG \_\_\_\_\_