




TOWN OF SOUTHAMPTON
DEPARTMENT OF LAND MANAGEMENT
LICENSING DIVISION
Phone: (631) 287-5706
Fax: (631) 287-0262

Application Receipt

(Town File Copy)

APPLICATION #: 0980054 **LICENSE #:** L983175 **PERMIT TYPE:** Home Improvement Contractors License **DATE RECEIVED:** 9/17/2014

Licensee Information
Type of Work:
Business Name: JLC Landscape Services Inc. Joseph L Cerbone 27 Granny Rd Farmingville NY 11738

Billing Summary	
Renewal	
Total Paid Via Check	 \$ 175.00

RETAIN THIS RECEIPT FOR TOWN FILE



TOWN OF SOUTHAMPTON
DEPARTMENT OF LAND MANAGEMENT
LICENSING DIVISION
Phone: (631) 287-5706
Fax: (631) 287-0262


FOR LICENSING RENEWAL INQUIRIES
PLEASE CALL 631-702-1826

Application Receipt

(Applicant Copy)

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Business Name: JLC Landscape Services Inc. Joseph L Cerbone 27 Granny Rd Farmingville NY 11738

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Total Paid Via Check	 \$ 175.00

RETAIN THIS RECEIPT FOR YOUR RECORDS

Home Improvement Contractor

LICENSE RENEWAL Application

FEE \$150.00 Early Renewal
\$175.00 Late Renewal

FOR DEPARTMENT USE ONLY

Application Date _____ Issue Date _____ Expiration Date _____

1. License #: L983175 Business Name: JLC LANDSCAPE SERVICES INC

Address: 27 GRANT RD P.O. Box _____ City: FARMINGVILLE

State: NY Zip Code: 11738 Telephone No.: (631) 846-9107

Email address: JCORBONE@JCLANDSCAPESERVICES.COM Fax Number: N/A

*NOTE: You will no longer receive renewal notifications if you do not provide the Town with an E-mail address.

2. Licensee applying for license: JOE CORBONE Same address ☒

Different Address: _____ P.O. Box _____ City: _____

State: _____ Zip Code: _____ Telephone No.: (____) _____

3. Have you ever been licensed in Southampton Town under another license name/number? ☒ No ☐ Yes

If yes, please list: Company Name _____ License #: _____

*Check the appropriate boxes below. If the answer is "YES" to questions 1-8, please give a brief but detailed description on a separate sheet & attach to application.

SINCE YOUR LAST LICENSE WAS ISSUED/RENEWED:

	YES	NO
1. Has your business name changed? (If yes, attach required documents)		<input checked="" type="checkbox"/>
2. Have there been any changes in address or phone # of home or business?		<input checked="" type="checkbox"/>
3. Have there been any changes in partners/corporate officers?		<input checked="" type="checkbox"/>
4. Have there been any changes in business bank account information?		<input checked="" type="checkbox"/>
5. Have you had an occupational license denied, suspended or revoked?		<input checked="" type="checkbox"/>
6. Have any complaints been filed against you or officers of your business?		<input checked="" type="checkbox"/>
7. Other than a traffic violation, have you been convicted of a crime or violation of law?		<input checked="" type="checkbox"/>
8. Are there any liens or judgments on file in N.Y. State against your business?		<input checked="" type="checkbox"/>

State of New York }

County of Suffolk }

I, Joe Corbone, being duly sworn, depose and say:
PRINT YOUR NAME HERE

I certify that all of the answers on this renewal form are true and correct; that all Plumbing and Electrical work performed as part of any contract negotiated by my agents or me will be done by only the holders of a valid Suffolk County License, where applicable; that I will submit to the Southampton Town Licensing Review Board documentation of any changes to said business; and that the required General Liability Insurance & NYS Workers Comp Certificates (where applicable) for my business are presently in effect and will remain so until my license is terminated.

Signature of Applicant

Date

8/25/14

AUG 27 2014

Signature of Partner

Date

Sworn to me this 25 day of August, 20 14.

Fabiana M. Dunne
FABIANA M. DUNNE
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED IN SUFFOLK COUNTY
No. 01DU623136L
COMMISSION EXPIRES ON 11/22/2014

Department of Land Management
Licensing Review Board
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 702-1826
Fax: (631) 287-5754



ANNA THRONE-HOLST
TOWN SUPERVISOR

ANTHONY D'ITALIA
CHAIRMAN

VEHICLE STICKER APPLICATION

HOME IMPROVEMENT/PLUMBING/ELECTRICAL CONTRACTORS

Business Name: JLC LANDSCAPE SERVICES INC Email Address: JCEBBONE@JCLANDSCAPE
Address: 27 GRANT RD City: FARMINGVILLE SERVICES.COM
State: NY Zip Code: 11738 Telephone No.: (631) 846-9107
Email Address: SAME Fax no: () N/A
Town of Southampton Home Improvement Contractor License Number: L983175

Or

Town of Southampton Registration Certificate Number (Plumbing/Electrical Contractors) N/A

Please list all vehicles used and/or associated with your business:

COPY(IES) OF REGISTRATION(S) MUST BE SUBMITTED WITH YOUR REQUEST.

**** APPLICATIONS WITHOUT NECESSARY PAPERWORK WILL BE RETURNED AS INCOMPLETE.**

Vehicle Identification Number

License Plate Number

1FDXE45582H1307588

22406MC

1FDXE45562H457658

86041KA

1HTMMAAM24H596350

66037MC

1HTMMAAM25H686474

66038MC

1FD4W46RX8EC2373

68202ME



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Farm Family Casualty Insurance Company 104 Edwards Ave, Suite #2 Calverton, NY 11933		CONTACT NAME: PHONE (A/C, No, Ext): 631-727-7767 FAX (A/C, No): 631-727-7941 E-MAIL ADDRESS: Eric_Kirk@FarmFamily.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Farm Family Casualty Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED JLC Landscape Services, Inc. 27 Granny Road Farmingville NY 11738		NAIC # 13803	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			3152X4780	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			3152C3951	6/14/2014	6/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			3101E1831	9/26/2013	9/26/2014	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		3101W8461	7/1/2014	7/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Town of Southampton
116 Hampton Road
Southampton, NY 11963

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kirk Associates LTD

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) JLC LANDSCAPE SERVICES INC 27 Granny Rd Farmingville, NY 11738-2855 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 631-846-9107 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 11-3487481
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Southampton 116 Hampton Road Southampton, NY 11968	3a. Name of Insurance Carrier Farm Family Casualty Insurance Company 3b. Policy Number of entity listed in box "1a" 3101W8461 3c. Policy effective period 07/01/2014 to 07/01/2015 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.

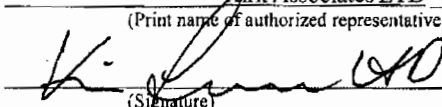
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Kirk Associates LTD
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  08/25/2014
(Signature) (Date)

Title: Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 631-727-7767

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are **NOT** authorized to issue it.



Town of Southampton

116 Hampton Road
Southampton, NY 11968

LICENSING REVIEW BOARD

ANTHONY D'ITALIA, JR
CHAIRMAN

Telephone: 631 702-1826
Fax: 631 287-5754

OK
J. TRAMER

PLEASE RETURN A COPY OF THIS FORM WHEN SUBMITTING MISSING DOCUMENTATION VIA US MAIL

Renewal Application: L983175/JLC Landscape Services Inc/Joseph L Certbone – Liability must read as licensed w/o d/b/a

Thank you!

Dear Contractor:

Please be advised that we have received the above referenced Home Improvement Application, however, the application as submitted is incomplete. Said application has omitted a response to the following:

- ☐ Additional Late Fee of \$25.00 *Check or money order, payable to The Town of Southampton*
FEES are as follows:
- ☐ Application fee for two year renewal – ON TIME & EARLY: \$150.00; - \$175.00 – LATE RENEWAL;
\$200.00 for NEW APPLICATIONS & OLD RENEWAL FEE – expired over 12 months.
- ☐ Current Certificate of Liability Insurance. A certificate is required for all new/renewal applications and may be faxed/mailed to the attention of the Licensing Review Board at the fax number/address above. The Town of Southampton is to be shown as the certificate holder and a description of the policy is required. Insurances cannot expire in the month application/renewal goes before Board.
- ☐ Worker's Comp U26.3, C105.2 or CE200 – is necessary to be in accordance with New York State Regulations. The website for the Worker's Comp. Board is www.wcb.ny.gov where applications can be submitted electronically to the Worker's Compensation Board, and an immediate printout is available to submit with application.
Insurances cannot expire in the month application/renewal goes before Board.
- ☐ Notarization page (See application enclosed)
- ☐ Proof of Business – as defined on cover page of application instructions sheet.
Registration Renewals – Plumbers - Current Suffolk County Photo I.D. Consumer Affairs

Please note that false statements made are punishable as class "E" felonies pursuant to section 175.35 and section 210-45 of the Penal Law, State of New York.

If you need further assistance, please contact this office. Thank you for your anticipated cooperation.

Sincerely yours,

Anthony D'Italia
Chairman, Licensing Review Board

AD/vmd
Enclosure