

CITY OF SYRACUSE
LEAD HAZARD CONTROL PROGRAM
CONTRACTOR APPLICATION

(Please Print or Type)

COMPANY NAME:

_____ COMPANY

ADDRESS:

(Post Office Box is not acceptable)

CITY: _____ STATE: _____

ZIP CODE:

BUSINESS TELEPHONE: _____ BEEPER:

CELL PHONE:

OWNER'S NAME(S):

_____ SOCIAL

SECURITY #: _____ FEDERAL TAX I.D. #: _____

OWNER'S RESIDENCE (IF OTHER THAN COMPANY ADDRESS):

1. PLEASE LIST ALL PROPERTY OWNED SOLELY OR JOINTLY BY YOU WITHIN THE CITY OF SYRACUSE:

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY IN ANY OF THE 51 STATES OF THE UNITED STATES:
_____. IF YES, PROVIDE DATE(S) AND LOCATION(S):

3. PLEASE LIST THE ADDRESSES OF THREE (3) PROPERTIES ON WHICH YOU HAVE COMPLETED
RENOVATION WORK:

NAME: _____ NAME:

ADDRESS: _____ ADDRESS:

TELEPHONE #: _____ TELEPHONE #:

NAME: _____ NAME:

ADDRESS: _____ ADDRESS:

TELEPHONE #: _____

TELEPHONE #:

4. ARE YOU OR ANY OF YOUR EMPLOYEES LICENSED TO DO ELECTRICAL, HEATING OR PLUMBING
WORK IN THE CITY OF SYRACUSE? _____ NO _____ YES (PROVIDE NAME AND LICENSE):
NAME _____ LICENSE

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER(S): 1.
2.
3.

Revised: 1/31/02 BM