

TOWNSHIP OF BRICK  
CDBG HOUSING REHABILITATION PROGRAM  
401 CHAMBERS BRIDGE ROAD  
BRICK, NJ 08723

Please complete and submit the attached “Application for Registration as a Home Improvement Contractor or Sub-Contractor” with your bid package if you have not previously registered with the program.



**TOWNSHIP OF BRICK, CDBG PROGRAM.  
401 CHAMBERS BRIDGE RD.  
BRICK, NJ 08723**

**Application for Registration as a Home Improvement  
Contractor or Sub-Contractor**

1. **NAME OF APPLICANT:** \_\_\_\_\_  
(MUST BE EITHER AN INDIVIDUAL, CORPORATION, LLC, LLP, TRUST OR OTHER LEGAL ENTITY)
2. **NUMBER OF EMPLOYEES:** \_\_\_\_\_
3. **APPLICANT TYPE:** \_\_\_ INDIVIDUAL \_\_\_ CORPORATION \_\_\_ PARTNERSHIP \_\_\_ TRUST  
(CHECK ONE ---MUST BE SAME LEGAL ENTITY AS THE ENTITY IDENTIFIED IN #1)
4. **HIC LICENSE #:**\_\_\_\_\_ **FEDERAL TAX ID #:**\_\_\_\_\_
5. **APPLICANT PHONE #:**\_\_\_\_\_ **APPLICANT EMAIL ADDRESS:**\_\_\_\_\_
6. **MAILING ADDRESS:**\_\_\_\_\_

|        |      |       |     |
|--------|------|-------|-----|
| STREET | CITY | STATE | ZIP |
|--------|------|-------|-----|
7. **PERMANENT ADDRESS:**\_\_\_\_\_

|        |      |       |     |
|--------|------|-------|-----|
| STREET | CITY | STATE | ZIP |
|--------|------|-------|-----|

PLEASE NOTE THAT A P.O BOX IS NOT ACCEPTABLE FOR PERMANENT ADDRESS. YOU MUST LIST A STREET ADDRESS
8. **IF THE APPLICANT IS A CORPORATION OR A PARTNERSHIP, PLEASE PROVIDE THE NAME, ADDRESS, FEDERAL TAX ID # AND TITLE OF THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR THE CORPORATION’S, THE TRUST’S OR THE PARTNERSHIP’S WORK. (Please review the Instructions before answering this question):**

| LAST | FIRST | FEDERAL TAX ID # | TITLE |
|------|-------|------------------|-------|
|------|-------|------------------|-------|

9. **IF APPLICANT IS DOING BUSINESS UNDER A D/B/A, PLEASE STATE THAT D/B/A, AND ATTACH A COPY OF THE FICTICIOUS NAME CERTIFICATE FILED WITH THE CITY OR TOWN CLERK:**  
  
DBA NAME: \_\_\_\_\_
10. **(a) DOES THE APPLICANT OR RESPONSIBLE INDIVIDUAL HOLD ANY OTHER CONSTRUCTION-RELATED STATE, CITY OR TOWN LICENSES OR REGISTRATION?**  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**(b) IF YES, PLEASE FILL IN INFORMATION BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.**

| LICENSE TYPE | ISSUED BY | LICENSE/REG# | EXP. DATE | LICENSEE NAME |
|--------------|-----------|--------------|-----------|---------------|
| _____        | _____     | _____        | _____     | _____         |
| _____        | _____     | _____        | _____     | _____         |

**11. LIST ALL PARTNERS, TRUSTEES, OFFICERS, DIRECTORS, AND MAJOR OWNERS (10% OR OR GREATER OF OWNERSHIP) OF AN APPLICANT PARTNERSHIP OR CORPORATION, BELOW, USE ADDITIONAL PAPER IF NECESSARY AND INCLUDE NEEDED PAPERWORK (SEE INSTRUCTIONS). PLEASE INDICATE BY AN "X" IN THE CARDS. USE ADDITIONAL SHEETS IF NECESSARY.**

| <b>FULL NAME</b> | <b>TITLE</b> | <b>% OWNER</b> | <b>ADDRESS</b> | <b>SUPP. CARD</b> |
|------------------|--------------|----------------|----------------|-------------------|
| _____            | _____        | _____          | _____          | _____             |
| _____            | _____        | _____          | _____          | _____             |

**12. (a) HAVE YOU BEEN REGISTERD PREVIOUSLY AS A HOME IMPROVEMENT CONTRACTOR WITH THE TOWNSHIPS CDBG HOUSING REHABILITATION PROGRAM? \_\_\_\_YES \_\_\_\_NO**

**(b) IF YES, PLEASE PROVIDE THE NAME AND REGISTRATION NUMBER UNDER WHICH YOU WERE PREVIOUSLY REGISTERED:**

**NAME:\_\_\_\_\_ HIC REGISTRATION #\_\_\_\_\_**

**13. (a) ARE YOU CURRENTLY OR HAVE YOU EVER BEEN AN OFFICER, PARTNER, OR CO-VENTURER OF AN APPLICANT WHO PREVIOUSLY APPLIED FOR OR HELD A HOME IMPROVEMENT CONTRACTOR REGISTRATION? \_\_\_\_YES \_\_\_\_NO**

**(b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:**

**NAME:\_\_\_\_\_ HIC REGISTRATION #\_\_\_\_\_**

**14. (a) ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EMPLOYED BY A REGISTRANT OR APPLICANT FOR REGISTRATION AGAINST WHICH DISCIPLINARY ACTION WAS TAKEN? \_\_\_\_YES \_\_\_\_NO**

**(b) IF YES, PLEASE PROVIDE THE NAME OF THE APLLICANT/REGISTRANT AND THE REGISTRATION NUMBER:**

**NAME:\_\_\_\_\_ HIC REGISTRATION #\_\_\_\_\_**

**15. (a) HAVE THERE EVER BEEN ANY FORMAL COMPLAINTS AGAINST YOU WHERE DISCIPLINARY ACTION WAS TAKEN BY THE DEPT. OF PUBLIC SAFETY OR CONSUMER AFFAIRS, OR ANY COURT JUDGMENTS OR ARBITRATION AWARDS ISSUED AGAINST YOU? \_\_\_\_ YES \_\_\_\_NO**

**(b) IF YES, PLEASE IDENTIFY BY DATE, CASE NUMBER, OR DOCKET #:\_\_\_\_\_**

**16. DOES YOUR COMPANY HAVE LIABILITY INSURANCE? \_\_\_\_YES \_\_\_\_NO**

**(a) NAME OF INSURANCE COMPANY:\_\_\_\_\_**

**(b) AMOUNT OF INSURANCE COVERAGE: \_\_\_\_\_**

**(c) TYPE OF INSURANCE COVERAGE: \_\_\_\_\_**



17. Please provide your DUNS # \_\_\_\_\_

18. DUNS # Must be registered with [www.sam.gov](http://www.sam.gov) provide active registration.

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*I hereby swear, under the pains and penalties of perjury, that all information set forth on this application and submitted in support thereof is true and accurate to the best of my knowledge.*

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

\_\_\_\_\_  
If a corporation or partnership, position held.

\_\_\_\_\_  
Date