



**Village of Alden
PLUMBING LICENSE
APPLICATION**

Contractor/Business Name: _____

Business Address: _____

Business Phone: _____

Business Fax (if available): _____

The following information should be given for the individual whom should be contacted with any questions, correspondence, etc. regarding the above mentioned business:

Contact Person's Name: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Fax Number (if available): _____

Email address (if available): _____

Cellular Number (if available): _____

NOTE: Insurance forms must list the Village of Alden as Additional Insured, have a minimum coverage amount of \$1,000,000 for Occurrence Liability, \$2,000,000 Aggregate Insurance and show proof of Worker's Compensation Insurance. Applicants will also be required to sign a Hold Harmless Statement as part of the licensing requirements.

Official Use Only

_____ Proof of insurance received (\$ _____ Liability, _____ Comp.)

_____ Payment received by _____ Date _____

Comments: _____

License Number _____

Approved By _____ Date _____

Release and Hold Harmless Agreement

1. *Key Terms.* “You,” “your” and “yours” mean (name of company) _____ and your heirs, executors, administrators and assigns. “We,” “us” and “ours” mean the Village of Alden, its administrators, agents, employees, Mayor, the Board of Trustees, their successors, predecessors and assigns.
2. This Release shall resolve any claims by you, or any other person(s) that may be related you, that may arise out of the plumbing work performed in the Village of Alden. You also hereby release us from any and all claims, demands, debts, liabilities, costs, expenses (including attorneys’ fees) and causes of action of any kind whatsoever, which may arise out of your plumbing work, and also specifically including, but not limited to, any and all claims, demands and actions, bodily injuries, wrongful death, property damages and/or personal injuries as a result of such participation.
3. You agree to defend, indemnify and otherwise hold us, our heirs, executors, employees, agents and/or assigns harmless from any and all claims, whether property damage, personal injury, bodily injury and/or wrongful death which may arise as a result of any acts and/or omissions by you, your heirs, executors, administrators and/or assigns. You further agree to defend, indemnify and otherwise hold us, our heirs, executors, employees, agents and/or assigns harmless from any and all claims, whether property damage, personal injury, bodily injury and/or wrongful death which may arise as a result of any acts and/or omissions by any other third party or us regardless of the nature of such claim, including, but not limited to, intentional acts, gross negligence, recklessness, willful conduct, prima facia tort, breach of contract, fraud, misrepresentation, negligent breach of implied contract, etc.
4. You hereby expressly agree that you have had an opportunity to review this document, consult with counsel and have been fully informed of your rights and responsibilities relative to all proceedings.
5. You also acknowledge that you have carefully read this Release, that you are entering into same with a full understanding of all terms and conditions and that your signing of this Release is free and voluntary and further that you are not under duress or any obligation to do so.

Applicant

Date

Village of Alden

Date

APPLICANT :

STATE OF NEW YORK
COUNTY OF ERIE

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On the _____ day of _____, in the year 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public