CONTRACTOR APPLICATION

Town/Village of East Rochester
NY State Main Street Grant Program

Please complete and return this document to:
Town/Village of East Rochester
Attn: Martin D'Ambrose, Village Administrator
120 West Commercial St
East Rochester, NY 14445
(585) 586-3553
www.eastrochester.org

CONTRACTOR (APPLICANT) PERSONAL INFORMATION:

Name of Applicant:_____

Address: _____

City: _____State: _____ Zip:_____

Contact Person (if different from applicant):_____

Phone: _____ Cell #: _____

Email: _____

BUSINESS INFORMATION:

Name of Business: _____

Business Address: _____

City: _____State: _____ Zip:_____

Specialty/Type of Work Provided:_____

Federal ID #:_____ Website:_____

Please attach the following with this application:

- Proof of Insurance
- References
- Previous project experience or resumé
- Certificate to work "lead safe" – if applicable