

Town of Glenville

Building Department



INSTRUCTIONS FOR APPLYING AS A BUSINESS

GUIDE FOR COMPLETING THE WC/DB Exemption (Form CE-200)
TO GET STARTED GO TO: <https://www.businessexpress.ny.gov/>

[WC/DB Exemptions](#)

Request for WC/DB Exemption (Form CE-200)

Overview

The application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State.

- Certificates can only be used to attest to a **government entity** that the applicant requesting a permit, license, or contract is not required to carry workers' compensation and/or disability benefits coverage.
- Certificates are only valid for the specific license, permit or contract. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.
- Certificates are assigned a unique certificate number that can be validated by the government official issuing the license, permit, or contract.

Upon selecting the button to the web based application below, you will be routed to New York Business Express to complete your application.

If you need additional assistance, contact the New York Business Contact Center at (518)-485-5000.

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STEP 1. Go to NYS website by clicking on the link below or copy and paste it into your web browser.

<https://www.businessexpress.ny.gov/>

Here you will be brought to the NYS website where you can start your application for the CE200.

STEP 2. Click on Login/Register on the right side of your screen.

STEP 3. A new window will open up with two options. If you have already created an NY.GOV ID click on the log-in button and that will take you to the log-in page.

If you have already registered and do not know your username and password, click on the **I forgot my username or I forgot my password** and follow the instructions. If you do not have a NY.GOV ID click on Register Here and follow the simple steps in creating your NY.GOV ID.

STEP 4. Once you have created your NY.GOV ID and click on Login Here you will be brought to a new screen where you will input the **username and password** you have created. Click on **Sign In**

The first screenshot shows the homepage of businessexpress.ny.gov. At the top, there is a banner for 'Information on Novel Coronavirus'. Below the banner, there is a navigation bar with links for 'Services', 'News', 'Government', and 'Local'. On the right side of the navigation bar, there is a 'Login | Register' button highlighted with an orange box. Below the navigation bar, there is a large banner for 'New Business Transactions!' with buttons for 'Gaming Commission Lottery Sales Agent License' and 'Unemployment Insurance for Household Employers'.

The second screenshot shows the 'GET STARTED' page. It has a heading 'To apply online Login or Register with NY.gov'. Below this, there are two main sections: 'I Have a NY.GOV ID' and 'I Need a NY.GOV ID'. The 'I Have a NY.GOV ID' section has a 'Login Here' button and two links: 'I forgot my username' and 'I forgot my password', both highlighted with green boxes. The 'I Need a NY.GOV ID' section has a 'Register Here' button. At the bottom, there is a note about difficulty registering and a contact number for the NYS Business Information Center.

The third screenshot shows the login page. It has a heading 'Please login after reading the Acceptable Use Policy below'. Below this, there is a form with fields for 'Username' and 'Password', and a 'Sign In' button highlighted with a blue box. There are also links for 'Forgot your USERNAME or PASSWORD' and 'NY.gov ID - Terms of Service'.

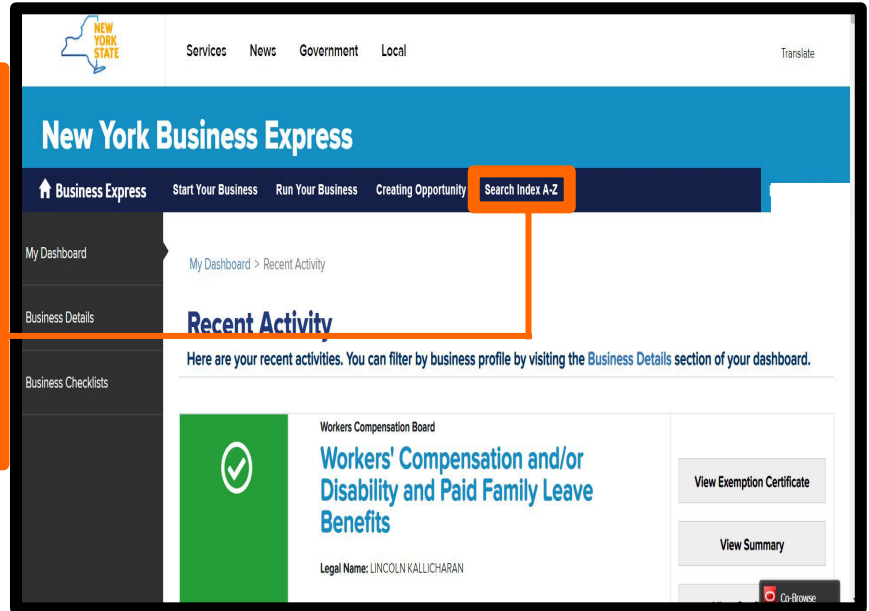
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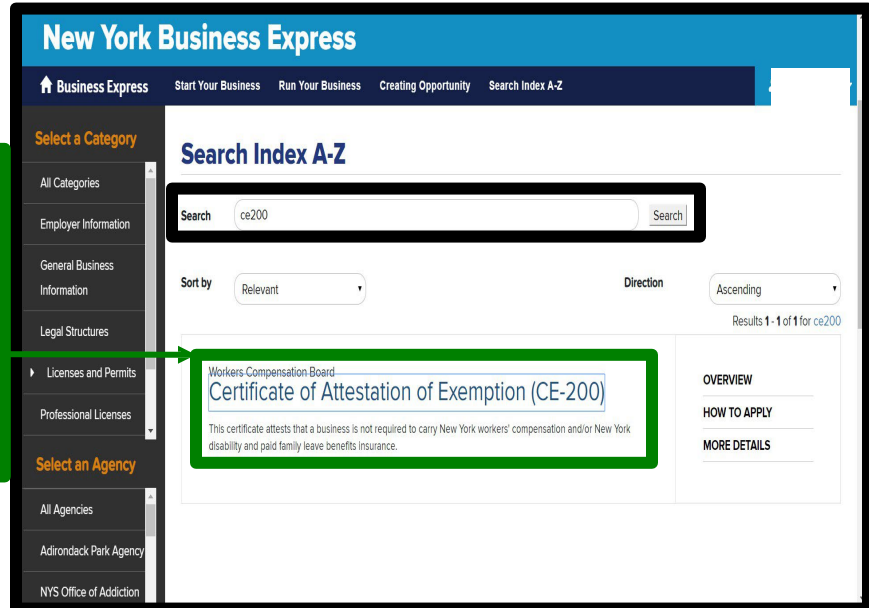
STEP 5. Once logged in you will be redirected to your account **Dashboard**. Here you will be able to see all your **Recent Activity** such as past applications and application status.

To start a new application click on **Search Index A-Z**

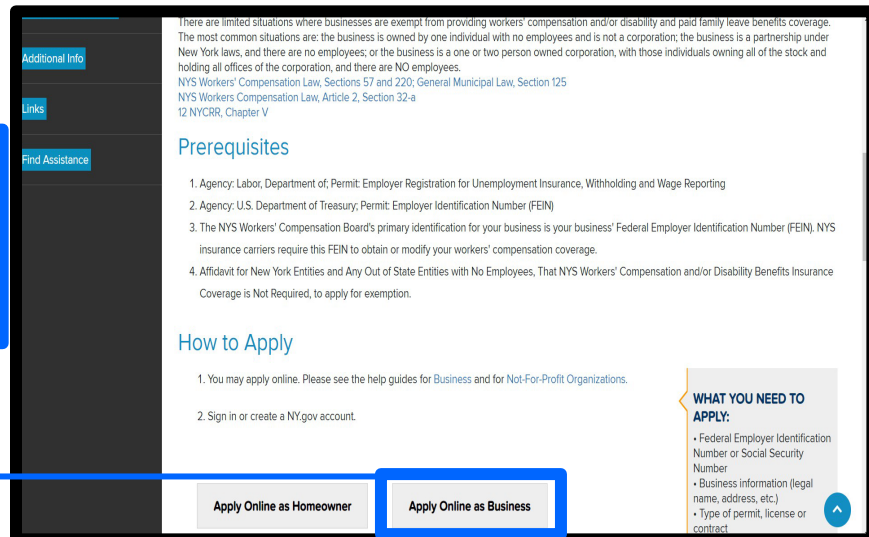


STEP 6. To find the CE-200 just type **CE200** in the search box and click on **Search**.

The result of your search will now be displayed. Click on **Certificate Of Attestation of Exemption(CE-200)**



STEP 7. When the new window opens you will see details on the CE-200 applications. Scroll down to where it says **How To Apply** and click on **Apply Online As Business**



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STEP 8. Now you will be given the option to either start the application from previous information from past applications or to use information that is not listed. If this is your first time completing this form then check **My Business Is Not Listed** and click on the **Start Application** button.

Individual (Sole Proprietor) (SSN: ###-##-8148) ☐

Individual (Sole Proprietor) (SSN: ###-##-3090) ☐

Individual (Sole Proprietor) (SSN: ###-##-0634) ☐

My business is not listed ☒ Selected

Start Application

STEP 9. The first page of the application is the Introduction page.

The column on the left will show where you are in the application and what has already been completed which is shown with the green check box. You will be able to revisit any of those pages at any point before submitting your application. All sections must be completed before submitting your application. Click on **GET STARTED**

My Dashboard

Business Profile

Introduction ☒

Entity Type ☐

Business Identification ☐

Business Addresses ☐

Business Physical Address ☐

Additional Physical Location(s) ☐

Contact Information ☐

Industry Classification ☐

Owner/Business Principal ☐

Application ☐

Ready to Submit ☐

Introduction

New York Business Express is an online portal developed to easily guide and help you start and grow a business in New York State. Through the portal you can apply on-line for selected licenses, permits, and certificates.

First you will answer some basic questions about your business such as: your legal structure, legal name, locations, mailing addresses and contact information. To save you time and effort, this information will be used to create a profile for your business. This Business Profile will be reused for future license, permit, or certificate applications.

Get Started

Exit Application

OPA Version: 8

STEP 10. Next, you will choose the entity type of your business from the drop-down menu, if you will be applying as an individual (someone will be performing the work on their own or as a homeowner) choose Individual (Sole Proprietor). If you have a business such as an LLC or Corporation then choose that option from the drop-down as well. Click on **Continue**.
Note: If you will be applying as an LLC or some type of Corporation then you will have to provide a copy of the business liability insurance along with this waiver.

Business Profile

Introduction ☒

Entity Type ☒

Business Identification ☐

Business Addresses ☐

Business Physical Address ☐

Additional Physical Location(s) ☐

Contact Information ☐

Industry Classification ☐

Owner/Business Principal ☐

Application ☐

Ready to Submit ☐

Entity Type

Stop: Before you continue, please confirm the Business entity type you selected. If you select an incorrect entity type in error, or need to change your entity type later, you will have to start a new application. To learn more about business entities see [Legal Structure FAQ](#).

Note: Throughout the application a Red Asterisk * is used to show which fields are required.

Type of entity or organization*

Individual (Sole Proprietor)

Back Continue

Exit Application

Tip

This is how most businesses are legally organized.

Individual/Sole Proprietor - This applies to a person who has no separate legal existence from the business. The owner has unlimited liability for the business.

Partnership - A business where two or more persons join together to carry on a trade or business. The general partner or partners generally control the business and are liable for debts and obligations of the partnership. For registration purposes, the term partnership includes a joint venture that is carrying on a trade or business.

Corporation - Non-Profits - [Click here for more information.](#) A legal entity created by filing a Certificate of

OPA Version: 8

Always pay attention to the pop up tips on the website to help explain and determine what information is being asked.

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STEP 11. Input all the information that is required and applies to you. If you are applying as an individual then DBA or trade name should be left blank. If applying as a business entity then fill in the business name as it appears on your certificate. Refer to the helpful tips on the right side of the screen for more information.

If applying as an individual and do not have an EIN number check that box and type in your Social Security number. Click on **Save And Continue.**

STEP 12. Next, you will be asked for your business physical address. Fill in all the information as needed and Click on **Validate Address** then click on **Save and Continue.**

STEP 13. if your business has more than one address then click **Add Another Location.** After your done click on **Save And Continue.**

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STEP 14. Next you will be asked to fill in your Phone Number, Fax and Email address.
Telephone Number and Email Address must be filled in before moving on to the next step.
 Click on **Save And Continue.**

STEP 15. Here you will be asked to put in a **Primary NAICS Code**. If you do not know your code click on **Filter By Category** and use the drop down menus to select what applies to your application. When finished click on **Select**.
 Next click on **Save And Continue.**

STEP 16. Next you will be asked to provide the **Sole Proprietor/Owner Information** again. If the information provided earlier is not shown on this page, simply click on **Add New** to add your information in.
 When finished click on **Save And Continue.**

TITLE	NAME	DOB	US RESIDENT?	SSN	PHONE	E-MAIL	PROFIT DISTRIBUTION	ADDRESS	EDIT	DELETE
Owner	JOHN J SMITH	1982-07-07	***	***-5678	518-788-9899			1313 Schenectady County United States		

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STEP 17. Next you will be asked if you have currently have Worker's Comp and Disability. (If you are applying for this waiver to do work as a home owner or self contractor then chances are you do not have Workers Comp Insurance so choose **NO** for these). If no choose Yes or No to which ever applies to you. Click on **Save And Continue.**

STEP 18. Now you will be asked to fill in the **Permit/License/Contract Information.**

IMPORTANT: Under Applying For, choose an option from the drop down Menu. If you are applying for a Building Permit then choose **Building Permit.**

Next under **Issuing Government Agency** type in **Town of Glenville**

Click on **Save And Continue.**

STEP 19. Next choose the **Project Date**, this is how long it may take to finish the proposed job. Project Date can be up to a year as most Town of Glenville building permits are good for a year.

Next out in the **Estimated Dollar Value**. Dollar Value should not be less than what you are putting on your building permit.

Now you will be asked to fill in the **Job Site Location**, this is where you plan on doing the work. If you are doing work at your Legal Address the put that address here.

Click on **Save And Continue.**

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STEP 20. Here you will be given the option to choose the type of coverage you are applying for. Read all of the options carefully and choose one that applies.

Click on **Save And Continue.**

Workers' Compensation Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State workers' compensation insurance coverage*

- ☐ The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- ☐ Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
- ☐ The applicant is acting as a general contractor with no employees, day laborers, leased employees, borrowed employees, part-time employees, unpaid volunteers and only has independent contractors that meet the standards of the New York Construction Industry Fair Play Act (Section 861 of the New York State Labor Law).
- ☐ The applicant is a Native American Nation, an enterprise entirely owned by a Native American Nation, or is an enterprise owned by a tribal member located on a Native American Reservation
- ☐ The applicant is a Federal Agency or is otherwise covered by federal workers' compensation laws.
- ☐ None of the above apply to applicant's situation

[Back](#) [Save & Continue](#)

[Exit Application](#)

STEP 21. Here you will see the **Construction Fair Play Act.** Read and check the box at the bottom **I Have Read And Understand the Construction Industry Fair Play Act.**

Click on **Save And Continue.**

Construction Industry Fair Play Act

Independent Contractors in the Construction Industry

The New York State Construction Industry Fair Play Act took effect on October 26, 2010. The law creates a new standard for determining whether a worker is an employee or independent contractor in the construction industry. It provides new penalties for employers who fail to properly classify their employees. The Act defines construction as the... constructing, reconstructing, altering, maintaining, moving, rehabilitating, repairing, renovating or demolition of any building, structure, or improvement, or relating to the excavation of or other development or improvement to land. It includes work performed at commercial sites and residential properties. It can also include work performed by a well business installing a product or improvement for a customer.

New Standard: The law presumes that any person performing services for a contractor shall be classified as an employee, unless the person is a separate business entity as defined below, or all of the following criteria are met, in which case the person will be considered an independent contractor. The individual is:

- A. Free from control and direction in performing the job, both under contract and in fact;
- B. Performing services outside of the usual course of business for the company; and
- C. Engaged in an independently established trade, occupation or business that is similar to the service they perform.

Separate Business Entity

To be considered a separate business entity from the business to which services are provided, a sole proprietor, partnership, corporation, or other entity must:

- (1) Be performing the service free from the direction or control over the means and manner of providing the service, subject only to the right of the contractor to specify the desired result;
- (2) Not be subject to cancellation when its work with the contractor ends;
- (3) Have a substantial investment of capital in the entity, beyond ordinary tools and equipment and a personal vehicle;
- (4) Own the capital goods, gain the profits, and bear the losses of the entity;
- (5) Make its services available to the general public or business community on a regular basis;
- (6) Include the services provided on a federal income tax schedule as an independent business;
- (7) Perform the services under the entity's name;
- (8) Obtain, and pay for, any required license or permit in the entity's name;
- (9) Furnish the tools and equipment necessary to provide the service;
- (10) If necessary, hire its own employees without contractor approval; pay the employees without reimbursement from the contractor; and report the employees' income to the Internal Revenue Service;
- (11) Have the right to perform similar services for other on an exclusive basis and whenever it chooses; and
- (12) The contractor does not represent the entity, or the employees of the entity, as its own employees to its customers.

The entity must meet all 12 criteria to be considered a separate business entity. If it does meet all 12 criteria, it will be considered a separate business that is itself subject to the new law regarding its own employees.

Penalties: An employer that willfully violates the Fair Play Act by failing to properly classify its employees will be subject to civil penalties of up to \$2,500 per misclassified employee for a first violation and up to \$5,000 per misclassified employee for a second violation within a five-year period.

Employers also may be subject to criminal prosecution (a misdemeanor) for violations of the act with a penalty of up to 30 days in jail or up to a \$25,000 fine, and debarment from bidding on Public Work projects for up to one year, for a first offense. Subsequent misdemeanor offenses would be punishable by up to 60 days in jail or up to a \$50,000 fine, and debarment from performing Public Work for up to five years. Where the contractor is a corporation, officers and shareholders who own or control 10 percent or more of the corporate stock shall also be subject to these sanctions if they knowingly permit the violation to occur.

The full text of the Fair Play Act appears on the department's web site at <http://www.labor.ny.gov>.

☐ I have read and understand the Construction Industry Fair Play Act

[Back](#) [Save & Continue](#)

[Exit Application](#)

STEP 22. Next select the option that applies to your application.

Click on **Save And Continue.**

Disability and Paid Family Leave Benefits Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State disability and paid family leave benefits insurance coverage*

- ☐ The applicant does not require Disability and Paid Family Leave Benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)
- ☐ None of the above apply to applicant's situation.

[Back](#) [Save & Continue](#)

[Exit Application](#)

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STEP 23. Next you will be asked to provide the Applicant Personal Information, if this has not yet been filled out, simply fill in the required fields.

Click on **Save And Continue.**

This screenshot shows the 'Applicant Personal Information' form. On the left sidebar, the 'Applicant Personal Information' option is highlighted with an orange circle. The main form area contains fields for 'Address Line 2', 'City' (pre-filled with 'Schenectady'), 'State' (pre-filled with 'New York'), 'Country' (pre-filled with 'United States'), 'ZIP/Postal code' (pre-filled with '12307'), 'Personal Phone #' (pre-filled with '518-788-9899'), and 'Personal E-mail'. At the bottom right, there are two buttons: 'Back' and 'Save & Continue'. The 'Save & Continue' button is highlighted with an orange box, and an orange arrow points from the text in Step 23 to it.

STEP 24. Here you will see your Application Summary. You will now be able to review all the information that was provided, if you need to make any changes click on EDIT on the right side of the section you would like to edit. If everything is correct then. Click on **Save And Continue.**

This screenshot shows the 'Application Summary' page. The left sidebar has 'Application Summary' highlighted with an orange circle. The main content area is titled 'Application Summary' and 'Workers' Compensation/Disability and Paid Family Leave Benefits (CE-200)'. It includes sections for 'Entity Type' (Individual (Sole Proprietor)), 'Business Identification' (Legal Name: JOHN J SMITH, DBA or trade name: No, Federal Employer Identification Number (EIN):, Sole Proprietor's Social Security Number (SSN): ***-**-5678), and 'Business Addresses' (Primary Addresses). On the right side of the 'Business Identification' and 'Business Addresses' sections, there are 'Edit' buttons. A blue arrow points from the text in Step 24 to the 'Edit' button for 'Business Identification'.

STEP 25. Next you will read the **Attestation.** When finished check on the **I Agree** box and Click on **Save And Continue.**

This screenshot shows the 'Attestation' page. The left sidebar has 'Attestation' highlighted with an orange circle. The main content area is titled 'Attestation' and contains a paragraph of text: 'By clicking the button below and submitting the information requested on this Web application, you are attesting to the fact that all information provided is true and that you are the individual whose name is submitted to the authority to sign on behalf of the applicant (legal entity) obtaining the permit, license or contract. It is a felony to make a false statement or representation to the Board for the purposes of evading the Workers' Compensation Law of New York State.' Below the text is a checkbox labeled 'I agree', which is checked. At the bottom right, there are two buttons: 'Back' and 'Save & Continue'. The 'Save & Continue' button is highlighted with a green box, and a green arrow points from the text in Step 25 to it.

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STEP 26. Now you will be able to Submit your application. Once the Application is submitted you will not be able to go back and change anything. If any of the information is incorrect on the final certificate you will have to start over. Click on **Submit Application**.

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

- Business Profile
- Application
- Ready to Submit
 - Application Summary
 - Attestation
 - Ready to Submit Application**
 - Complete

Ready to Submit Application

By clicking the "Submit Application" button below you are confirming that you have reviewed and attested to the information in your application summary.

Once submitted your application will be sent for agency processing. You can visit your Dashboard at any time to track the status of your application.

Submit Application

Exit Application

STEP 27. You will now be at the **Application Confirmation Page**. A confirmation email will also be sent to the email address that was used to create your **NY.GOV ID**. To view the status of your application click on **Recent Activity**. From the email link or the link provided from the confirmation page.

Home > Application Confirmation

Application Confirmation

Your application for a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance has been successfully submitted on 05/26/2020 01:55 PM. The confirmation details are listed below. You will also receive this information via email.

Entity Name: JOHN J SMITH

Application ID: WCBCE200

You can always visit **Recent Activity** section of your dashboard to check the status of your application(s) and to view or print your application(s)/certificate(s). Thank you for using the New York Business Express portal.

[Return to Home Page](#)

[Logout](#)

Here you will be able to see the status of your applications. Applications that are in review will be in yellow and applications that are approved and ready to print will be in green. You will receive a confirmation email when your application is approved, you can also refresh the Recent Activity every few minutes to see if the status has been changed.

My Dashboard > Recent Activity

Recent Activity

Here are your recent activities. You can filter by business profile by visiting the Business Details section of your dashboard.

Submitted

Workers Compensation Board
Workers' Compensation and/or Disability and Paid Family Leave Benefits

Legal Name: JOHN J SMITH

Entity Type: Individual (Sole Proprietor)

Date Submitted: 05/26/2020

[View Summary](#)

[View Confirmation](#)

[See More Details](#)

Once your application had been approved and the status has changed. Click on **View Exemption Certificate** to view and print your certificate.

My Dashboard > Recent Activity

Recent Activity

Here are your recent activities. You can filter by business profile by visiting the Business Details section of your dashboard.

Approved/Issued

Workers Compensation Board
Workers' Compensation and/or Disability and Paid Family Leave Benefits

Legal Name: JOHN J SMITH

Entity Type: Individual (Sole Proprietor)

Date Submitted: 05/26/2020

Approved Date: 05/26/2020

[View Exemption Certificate](#)

[View Summary](#)

[View Confirmation](#)

[See More Details](#)

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**Workers'
Compensation
Board**

Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance Coverage

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

**In the Application of
(Legal Entity Name and Address):**
Your Business Name LLC or DBA
123 Baige St
Greenville, NY 12302-1313
PHONE: 518-123-2454 FEIN: XXXXX7857

Business Applying For:
Building Permit
From: **Town of Glenville**
The location of where work will be performed is
123 Dean Street, Glenville, NY 12302.
Estimated dates necessary to complete work associated with the building
permit are from April 6, 2024 to April 4, 2025.
The estimated dollar amount of project is \$0 - \$10,000

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Partners / Members: John Smith

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, John Smith, am the Member with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

**SIGN
HERE**

Signature: _____

Date: _____

Exemption Certificate Number
2024-1234567

Received
April 5, 2024
NYS Workers' Compensation Board

CE-200 01/2018

A copy of your certificate will be downloaded and can be printed or attached to an email along with the rest of your application. Ensure the following information is correct before submitting it to the building department: Applicant's contact information is correct. **Business applying for should be: BUILDING PERMIT**

**From Should be :
Town of Glenville**
And the time in which you will be performing the work.

SIGN and DATE at the bottom of the application.

Submit this Certificate Signed, Dated, and submit the Building Permit Application to the Town of Glenville Building Department