

NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola, NY 11501
NASSAUCOUNTY.NY.GOV
PHONE: (516) 571-2600

FOR OFFICE USE ONLY

Date: _____

**TAX ASSESSMENT REDUCTION SERVICES
REGISTRATION FORM**

DCA Registration _____
No: Issue Date: _____

Representative No: _____

Name of Business: _____

Business Address: _____ Business Phone: _____
_____ Cell Phone: _____

Assumed name of Corporation (If any): _____

Mailing Address: _____ If different than business
_____ address.

Supplemental location(s), use additional sheet if necessary.

Business Address: _____ Business Phone: _____
_____ Cell Phone: _____

EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED.

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
_____ Signature: _____

ALL EMPLOYEES WHO HAVE AUTHORITY TO NEGOTIATE WITH THE OFFICE OF CONSUMER AFFAIRS ON MY BEHALF MUST BE LISTED BELOW.

Name: _____ Title: _____

Authority Given: _____ Phone: _____

Signature: _____

Name: _____ Title: _____

Authority Given: _____ Phone: _____

Signature: _____

Name: _____ Title: _____

Authority Given: _____ Phone: _____

Signature: _____

Description of business being conducted: _____

(Use additional sheet if necessary)

**ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NASSAU COUNTY
REGISTRATION AND MUST BE ANSWERED.**

- (1) a) Has any trade license or registration ever been denied, cancelled, suspended or revoked? _____
b) If yes, explain. _____

- (2) a) Have you ever held any Nassau County License or registration previously? _____
b) If yes, please state number(s). _____
c) Do you or have you held a license or registration in any other municipality? _____
If yes, please submit a copy of the license or registration with your application.

- (3) a) Have you ever had any contact with this agency or any other governmental agency regarding complaints and/or violations? _____

continued

(4) If the business has employees, you are required to have Workmen's Compensation Insurance.

Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

If the business does NOT have employees, you are required to write "NO EMPLOYEES", and submit a current, signed and dated waiver from the Workman's Compensation Board. _____

(5) Surety Bond Insurance (if applicable): Amount of Bond: _____

Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

(6) YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE YOUR BUSINESS':

a) Federal Employers' Identification No. _____

b) NY State Employers' Identification No. _____

c) NY State Sales Tax Identification No. NOT APPLICABLE

In consideration of being granted the registration hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Office of Consumer Affairs that are now in force or that may in the future be promulgated. PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of registration and criminal action.

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP OR INDIVIDUAL BUSINESS

Failure to do so may result in revocation of registration

Applicant Signature

Sworn to before me
this _____ day of _____, 20____

Notary Public



NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
240 OLD COUNTRY ROAD, MINEOLA, NY 11501
WWW.NASSAUCOUNTY.NY.GOV
PHONE: (516) 571-2600 FAX: (516) 571-3389

GENERAL INSTRUCTIONS FOR TAX ASSESSMENT REDUCTION SERVICES

Failure to complete the required information or the giving of false information in the application may result in the denial of said application for a registration or any renewal thereto, as well as cancellation, suspension or revocation in the event such registration has been issued. Falsification of an official document is punishable under the law to the fullest extent. The issuance of a registration is subject to verification of the requirements herein provided.

1. An application must be signed before a Notary Public and thereafter filed with this Office. If the application is made by an out-of-state individual, partnership or Corporation, you must provide a Certificate of Authority to do business in NY State, have a NY State location as well as an authorized contact person that can be reached in New York.
2. The following enclosed forms must be completed:
 - a) APPLICATION form completed and NOTARIZED by an owner or corporation principal.
 - b) DISCLOSURE: each individual, partner, officer, director, stockholder, manager and salesperson of the business must complete this form and have it NOTARIZED.
3. You must also submit a copy of a current utility bill or a current lease to show proof of business location.
4. You must submit your registered ARC Representative number issued by the Nassau County Assessment Review Commission with your completed Nassau County Registration Form.
5. NY State law requires ALL businesses to have a Federal Employers Identification number. You must list this number on your application or it will NOT be accepted. You can obtain the number by calling 1(800) 829-4933.

THE REGISTRATION WILL BE MAILED TO THE APPLICANT ONCE THE APPLICATION HAS BEEN APPROVED AND PROCESSED.

ALL FORMS ARE TO BE COMPLETED LEGIBLY IN BLUE OR BLACK INK OR TYPED.

BRUCE A. BLAKEMAN
COUNTY EXECUTIVE

JOHN R. CAPECE
COMMISSIONER



NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
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AFFIDAVIT OF APPLICANT FOR TAX ASSESSMENT REDUCTION SERVICES

This affidavit is to be completed by each individual owner, partner, officer, director, person possessing 10% or more of the corporate stock.

I, _____ having been duly sworn, as _____
Print Full Name *Title*

of (Name of Business) _____

HOME ADDRESS: _____ HOME PHONE _____

DATE OF BIRTH: _____ SOCIAL SECURITY No.: _____
depose and state that:

- a) I have examined this application and to the best of my knowledge, all information and answers herein are true, correct and complete.
- b) I certify that my age is at least 21 years.
- c) I am required to notify this office in writing within ten (10) days of any change in name and/or address.
- d) In consideration of being granted the registration hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. The Rules and Regulations can be viewed at:
<http://www.nassaucountyny.gov/1560/Laws-Enforced-by-Consumer-Affairs>
- e) The Commissioner may at any time request any additional information that she deems fit and appropriate in order to properly assess the eligibility of any applicant for Nassau County Tax Assessment Reduction Service Registration.
- f) I understand that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of registration and criminal prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

Sworn to before me
this ___ day of _____, 20__

(Applicant Signature)

Notary's Signature

(Applicant Printed Name)

IN ORDER TO BE PROCESSED THE BACK OF THIS SHEET MUST BE ANSWERED.

STATE OF NEW YORK
 SS:
COUNTY OF NASSAU

AFFIDAVIT

DISCLOSURE

The following questions MUST be answered.

You are required to certify that any judgment(s) against yourself has been discharged, is being appealed, or being paid according to agreed scheduled payments with creditors; and that there are no unsatisfied or unnegotiated judgments against either the undersigned individual or firm.

1. Do you have any judgments, liens or tax warrants? If yes, you must submit a copy of the judgment, lien or warrant and proof that scheduled payments are being made.

2. Do you have any civil or criminal actions now pending in which you have been involved personally and/or in the course of business? If yes, please explain. Copies may be required.

3. Have you ever been convicted of a crime? State when, where and disposition. A copy of the disposition must be submitted. A complete copy of the court case may be required.

4. Do you currently have any criminal charges pending against you? If yes, please explain.

5. Do you have any child support order(s)? If yes, you must submit a copy of the order and proof that all scheduled payments are being made.

6. Have you ever filed for bankruptcy (business or personal)? If yes, you will have to provide documents for review.

SIGNATURE: _____

DATE: _____

Sworn to before me this

_____ day of _____ 20_____

Notary Public

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210-45 OF THE NY PENAL LAW.

**EACH OWNER, OFFICER AND STOCKHOLDER
OF THE COMPANY MUST SIGN BELOW.**

I have received and read a copy of the Rules & Regulations of the Nassau County Department of Consumer Affairs.

I understand the Rules & Regulations as stated and agree to comply with same.

<https://www.nassaucountynv.gov/1560/Laws-Enforced-by-Consumer-Affairs>

Name: _____
Please Print Title

Signature Date

Name: _____
Please Print Title

Signature Date

Name: _____
Please Print Title

Signature Date

Name: _____
Please Print Title

Signature Date

Witness for the Department of Consumer Affairs:

Signature Date