



NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS
 240 Old Country Road, Mineola, NY 11501
 Phone: (516) 571-2600
 consumeraffairs@nassaucountyny.gov
www.nassaucountyny.gov

DISCLOSURE FORM FOR A NASSAU COUNTY HOME IMPROVEMENT LICENSE

This form is to be completed by each individual owner, partner, officer, member, principal, director, technician, stockholder, sales representative, manager, foreman, and any other person that negotiates with a consumer. ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.

Name: _____ Title/Position: _____

Home Address: _____ Home Phone: _____

(P.O Boxes are not allowed) _____ Cell phone: _____

Email Address: _____

Name of Business: _____

DMV ID No.: _____ Social Security No.: _____ DOB: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

You must have at least 5 years recent, relevant verifiable experience in the home improvement field. You are required to submit W2's or 1099's for proof.

I have at least ___ years' experience in the home improvement field, or in related activities, which similarly tend to establish my competence to operate a home improvement business.

PRACTICAL EXPERIENCE

Firm Name: _____ Dates of Employment: _____

Firm Address: _____ Phone Number: _____

Position: _____

Description of Duties: _____

Company Owner: _____ Supervisor: _____

Firm Name: _____ Dates of Employment: _____

Firm Address: _____ Phone Number: _____

Position: _____

Description of Duties: _____

Company Owner: _____ Supervisor: _____

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT’S KNOWLEDGE.

IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND WRITTEN EXPLANATIONS.

- 1. HAVE YOU EVER BEEN CONVICTED OF A CRIME? (MISDEMEANORS OR FELONIES) Yes No
- 2. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No
- 3. DO YOU HAVE ANY CIVIL ACTIONS CURRENTLY PENDING AGAINST YOU OR YOUR BUSINESS RELATED TO YOUR BUSINESS OR A PRIOR BUSINESS? Yes No
- 4. 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. Yes No
- 5. DO YOU HAVE ANY OUTSTANDING OR UNPAID JUDGMENTS, LIENS OR TAX WARRANTS?
(ALL OUTSTANDING JUDGMENTS MUST BE PAID, VACATED OR IN THE PROCESS OF BEING VACATED OR BEING PAID UNDER AN AGREED UPON PAYMENT PLAN) Yes No
- 6. HAVE YOU EVER FILED BANKRUPTCY (BUSINESS OR PERSONAL)
(IF YES, YOU WILL NEED TO PROVIDE DOCUMENTS FOR REVIEW) Yes No
- 7. DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY OR DEPARTMENT MONEY? IF YES, ALL FUNDS MUST BE PAID TO BE LICENSED Yes No

The applicant will comply with the Rules and Regulations of the Department of Consumer Affairs that are now in effect and may be in effect in the future.

License Holders MUST notify the Department of Consumer Affairs within ten (10) business days of any CHANGE to:

- The ownership of the business or the principals/officers/partners/members**
- The operations of the business or work performed or advertised**
- The business address: location and/or mailing address**
- The home address of any owner or principal/officer/partner/member**

FALSE STATEMENTS MADE IN THIS DOCUMENT ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO § 210.45 OF THE NEW YORK PENAL LAW

MUST BE NOTARIZED

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

Notary’s Signature

(Applicant Printed Name)

(Applicant Signature)