



**NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS**

240 Old Country Road, Mineola, NY 11501

Phone: (516) 571-2600

consumeraffairs@nassaucountyny.gov

[www.nassaucountyny.gov](http://www.nassaucountyny.gov)

**DISCLOSURE FORM FOR A NASSAU COUNTY BUSINESS 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: \_\_\_\_\_

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: \_\_\_\_\_

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 QUESTIONS, 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?  Yes  No  
(ALL OUTSTANDING JUDGMENTS MUST BE PAID, VACATED OR IN THE PROCESS OF BEING VACATED OR BEING PAID UNDER AN AGREED UPON PAYMENT PLAN)
  
- 6. HAVE YOU EVER FILED BANKRUPTCY? (BUSINESS OR PERSONAL)  Yes  No  
(IF YES, YOU WILL NEED TO PROVIDE DOCUMENTS FOR REVIEW)
  
- 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)