



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 BUSINESS LICENSE

This form is to be completed by each individual owner, partner, officer, principal, member, director, technician, stockholder, sales representative, manager, foreman, and any other person that negotiates with a consumer or signs contracts on behalf of the business.

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK. 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: _____

PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER ACCURATELY AND TRUTHFULLY.

1. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY CRIME?
(if YES, provide a Certificate of Disposition from the Court and a written explanation.) Yes No
2. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU?
(if YES, provide court documents listing the charges and the next court date.) Yes No
3. DO YOU HAVE ANY CIVIL LAWSUITS PENDING AGAINST YOU OR YOUR BUSINESS RELATED TO YOUR BUSINESS OR A PRIOR BUSINESS?
(if YES, provide a copy of the Summons and Complaint, and the status of the lawsuit.) Yes No
4. DO YOU (OR DID YOU) HAVE A CHILD SUPPORT ORDER?
(if YES, provide a copy of the Order and proof that all scheduled payments have been made.) Yes No
5. DO YOU HAVE ANY OUTSTANDING (UNPAID) JUDGMENTS, LIENS OR TAX WARRANTS?
(if YES, please provide proof that the judgments, liens, or warrants, were paid, vacated, or are in the process of being vacated or appealed, or being paid under a payment plan.) Yes No
6. HAVE YOU EVER FILED BANKRUPTCY? (BUSINESS OR PERSONAL)?
(if YES, provide a copy of the Bankruptcy Petition including Schedule D: Secured Creditors, Schedule E: Unsecured Creditors, and the Discharge Decree, if granted by the court.) Yes No
7. DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY OR DEPARTMENT MONEY?
(if YES, you must provide proof of payment.) Yes No

I AGREE TO **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.

I AGREE TO **NOTIFY** THE DEPARTMENT OF CONSUMER AFFAIRS WITHIN TEN DAYS OF ANY OF THE FOLLOWING **CHANGES**:

- OWNERSHIP of the business
- PRINCIPALS of the business including Corporate Officers/Partners/Members
- OPERATIONS or SCOPE OF WORK done by the business (or advertised.)
- BUSINESS ADDRESS or HOME ADDRESS of a BUSINESS PRINCIPAL

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)