



**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, 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?  Yes  No  
(if YES, provide a Certificate of Disposition from the Court and a written explanation.)
2. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No  
(if YES, provide court documents listing the charges and the next court date.)
3. DO YOU HAVE ANY CIVIL LAWSUITS PENDING AGAINST YOU OR YOUR BUSINESS RELATED TO YOUR BUSINESS OR A PRIOR BUSINESS? Yes No  
(if YES, provide a copy of the Summons and Complaint, and the status of the lawsuit.)
4. DO YOU (OR DID YOU) HAVE A CHILD SUPPORT ORDER? Yes No  
(if YES, provide a copy of the Order and proof that all scheduled payments have been made.)
5. DO YOU HAVE ANY OUTSTANDING (UNPAID) JUDGMENTS, LIENS OR TAX WARRANTS? Yes No  
(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.)
6. HAVE YOU EVER FILED BANKRUPTCY? (BUSINESS OR PERSONAL)? Yes No  
(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.)
7. DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY OR DEPARTMENT MONEY? Yes No  
(if YES, you must provide proof of payment.)

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

If you knowingly possess a written document or instrument containing a **false statement** or information, and you **submit** the document or instrument to a public authority or public office, you can be charged with Offering a False Instrument For Filing in the First Degree, a **Class E Felony**. See NY Penal Law Section 175.35

**MUST BE NOTARIZED**

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
(Applicant Printed Name)

\_\_\_\_\_  
(Applicant Signature)