



GENERAL INSTRUCTIONS FOR APPLICATIONS FOR:

DRY CLEANERS/LAUNDROMATS LICENSE
ELECTRONIC/HOME APPLIANCE REPAIR LICENSE
ENVIRONMENTAL HAZARD REMEDIATION PROVIDERS & TECHNICIANS LICENSE
HEALTH CLUB OPERATORS LICENSE
HOME SERVICES LICENSE
LOCKSMITH LICENSE
PET GROOMING BUSINESS & PET GROOMERS LICENSE
SCRAP METAL PROCESSORS, VEHICLE DISMANTLERS, AND JUNK DEALERS LICENSE
STORAGE WAREHOUSES LICENSE

**** THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE****

A LICENSE MUST ACTUALLY BE IN THE POSSESSION OF THE LICENSEE BEFORE ANY WORK, ADVERTISING, OR THE SOLICITING OF BUSINESS CAN BE LEGALLY CONDUCTED.

1. APPLICATION FORM must be completed and NOTARIZED by an owner or principal of the business.

2. TYPE OF BUSINESS:

Corporations/LLC:

- a) All Corporations, LLC's, etc. must furnish their Corporate Filing Receipt from the NYS Department of State, Division of Corporations.
- b) All corporations must maintain a bona fide establishment at a specific location within the State of New York. If this is not a New York business, you must submit a Certificate of Authority to do business in New York State.
- c) If your corporation is using a DBA, you must submit an Assumed Name Certificate that has been filed with New York State authorizing you to use the name in Nassau County.
- d) All Corporations, LLC, etc. may be required to provide the corporate structure naming all principals, officers, directors, and stockholders.

Partnerships

- a) a partnership conducting business, must submit a certified copy of the partnership certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X74)

Sole Proprietorship:

- a) individuals using their own name, or a trade name, must present a certified copy of the business certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X201)

PLEASE NOTE: 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 has a NYS residence. The contact person is also required to submit a Disclosure Form.

3. PROOF OF BUSINESS LOCATION: All applicants must submit a copy of a current utility bill, land line phone bill or a current lease, to show proof of business location, if the business address is different from the home address. **Please Note: a P.O.Box/UPS Store CAN ONLY be used as a mailing address and NOT as a business location.**

*For **Pet Grooming Business** Licenses: Provide the name and address of the owner or owners of the business premises, and a copy of the lease or deed for the premises.

- 4. EMAIL:** All applicants must provide a valid email address for business communications. This email address will be used for communications by this Department regarding licensing issues and/or consumer complaints.
- 5. DESCRIPTION OF WORK:** All applicants must describe the work you will be doing with your license. This work must match the description that is listed on your Certificate of Liability Insurance.
- 6. IDENTIFICATION NUMBERS:** NY State law requires ALL businesses to have a Federal Employers Identification number (FEIN). If you collect sales tax, please list your NY State Sales Tax number. For information about obtaining a Federal Employers Identification number please contact 1-800-829-4933 or visit www.irs.gov. For information regarding NYS Sales Tax, please contact 518-457-5431 or visit www.tax.ny.gov. Applications without a FEIN will NOT be processed.
- 7. BANK:** All applicants are required to provide their business banking information. This includes the banking institution and bank account number that is to be affiliated with your license.
- 8. DISCLOSURE FORM:** Each owner, principal, partner, corporate officer, director, stockholder, member, manager, and salesperson of the business must complete a Disclosure Form, and have it NOTARIZED.
- 9. FINGERPRINTING:** The following license applicants must submit to a fingerprint-based background check: **Environmental Hazard Remediation Providers and Technicians; Locksmiths; Scrap Metal Processors, Vehicle Dismantlers & Junk Dealers.** Once your license application has been received, you will be sent instructions for the fingerprinting process.

10. CERTIFICATIONS/CERTIFICATES: At least **ONE** of the owners, principals, partners, corporate officers, directors, members and/or stockholders must have the following:

- For Environmental Hazard Remediation License Only:

The following certification information must be included with your license application.

- a) OSHA Safety Standards for Construction or General Industry. Minimum 10 Hours.
- b) NYS Asbestos Handler. Minimum 32 Hours.
- c) EPA Lead Worker. Minimum 16 hours. (Lead RRP is NOT sufficient).
- d) Hazardous Waste Operations (HAZWOPER). Minimum 40 Hours.
- e) Microbial Remediation. Minimum 24 Hours
- f) Water Damage Restoration. Minimum 20 Hours or IICRC WRT Certification
- g) Fire Damage Restoration. Minimum 16 Hours or IICRC FSRT Certification.
- h) PCB Awareness. Minimum 4 Hours
- i) Bloodborne Pathogens. Minimum 4 Hours
- j) Infection Control Risk Assessment. Minimum 4 Hours.

In addition, proof of valid Lead and Asbestos Abatement Licenses must be submitted

- For Pet Grooming Business and Pet Groomer's Licenses Only:

Documents demonstrating that the owner or manager of the Pet Grooming Business has either:

- i. Received training in the field of pet grooming for at least one hundred and fifty (150) hours, either as an apprentice or from a school or institution that provides instruction in pet grooming. If the training received was from a school or institution, copies of any certificates, permits, diplomas, licenses or similar documentation must be included
or
- ii. Continually operated a business providing pet grooming services or has been employed as a pet groomer for a period of at least one (1) year.

Fees

- i. A person who is employed by only ONE pet grooming business, shall be exempt from the pet groomer's license requirement. However, a Disclosure Form with supporting documents is required.
- ii. Owners of a licensed pet grooming business shall be exempt from the individual pet groomers license fee.

- For Storage Warehouse Licenses Only:

You must provide a copy of the Agent Agreement with your Certified DOT Mover certificate that shows your Certified Mover Agents DOT License No.

11. INSURANCE: All applicants must have current liability insurance and MUST submit a valid Certificate of Insurance with the following information:

- 1) Insurance Agent or Broker's name, address, and phone number.
- 2) Insured's name and address **exactly as it appears** on the application. All business locations must be listed on the certificate.
- 3) Policy number, policy effective date and policy expiration date.
- 4) The name of the Insurer/Insurance Company providing/affording coverage
- 5) A full and specific description of the work covered under the policy. The description of work must match the work stated on your application.
- 6) Certificate Holder: Nassau County Department of Consumer Affairs
240 Old Country Road
Mineola, New York 11501
- 7) Authorized Representative Signature.
- 8) Limits of Insurance:

a. For all Business licenses except Environmental Hazard Remediation:

Bodily Injury - \$100,000/300,000
Property Damage - \$50,000/50,000
Combined Limit - \$300,000 minimum.
DEDUCTIBLES ARE NOT ACCEPTABLE

b. Environmental Hazard Remediation License Only:

Bodily Injury - \$1,000,000/2,000,000
Property Damage - \$1,000,000/2,000,000
DEDUCTIBLES ARE NOT ACCEPTABLE

- 9) Cancellation Notice: A notice shall be sent to this office within 15 days prior to any cancellation, non-renewal, or change in coverage of a license holder's insurance policy.

12. WORKERS COMPENSATION: A Certificate of Workman's Compensation is required covering all employees (form U26 or 105.2). If you DO NOT have employees or unpaid volunteers including, family members or subcontractors, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board. For more information on these forms, please contact the NYS Workers Compensation Board at 866-546-9322 or online at www.wcb.ny.gov. Please verify that you are selecting the correct form for your type of business before submitting.

13. BONDS: For Dry Cleaner/Laundromat Licenses; Health Club Licenses; Scrap Metal Processors, Vehicle Dismantlers & Junk Dealers Licenses; and Storage Warehouse Licenses ONLY: A bond or other surety is required and shall be submitted to the “County of Nassau” in the sum listed below. Such bond shall remain in force during the entire period for which the license is valid. The bond shall be for the purpose of guaranteeing payments up to the face amount of the bond or bank draft or other negotiable instruments issued by the licensee in exchange or in its capacity for the license the business has.

- For a Dry Cleaner/Laundromat or Storage Warehouse License, a 2-year \$10,000 bond is required.
- For a Scrap Metal License, a 2-year \$5,000 bond is required.
- For Health Clubs:
 - a. Escrow Required. Proof of escrow account must be submitted pursuant to Title D-24, Section 21-32.2
 - b. Surety Bonds must have a 45-day cancellation notice. Requirements as follows: (unless exempt)

\$ 50,000 – sells contracts under one year
\$ 75,000 – sells contract more than 12 months, up to 24 months
\$150,000 - sells contract more than 24 months, up to 36 months
 - c. Additional Surety Bond for additional locations or multiple franchises of a common franchisor:

For 3 to 4 additional locations – add \$50,000 to bond
For 5 to 6 additional locations – add \$100,000 to bond
For 7 to 9 additional locations – add \$150,000 to bond
For ten or more additional locations – add \$200,000 to bond

14. SCALES: For Dry Cleaner/Laundromat Licenses; Scrap Metal Processors, Vehicle Dismantlers & Junk Dealers Licenses; and Storage Warehouse Licenses Only: Only devices approved for use in trade by the New York State Department of Agriculture and Markets shall be lawful. No weighing or measuring device shall be used within Nassau County without first notifying the Nassau County Department of Consumer Affairs.

15. RATES: For Dry Cleaner/Laundromat Licenses; and Storage Warehouse Licenses Only: You must provide this office with a copy of your Schedule of Rates & Charges.

16. JUDGMENT SEARCH: As part of the review process, a judgment search will be conducted for each owner, principal, partner, corporate officer, director, stockholder, member, manager, and salesperson, individually and under the business name or any prior companies that any of the aforementioned may have been part of previously. Failure to resolve any outstanding industry related judgments, tax liens, or unpaid child support, may result in the new license application being denied or deemed incomplete until the outstanding judgment is paid, vacated, or is in the process of being vacated or paid under a payment plan.

17. OPEN COMPLAINTS/VIOLATIONS SEARCH: As part of the review process, a search will be conducted for each owner, principal, partner, corporate officer, director, stockholder, member, manager, and salesperson, as well under the business name or any prior companies that any of the aforementioned may have been part of previously. Failure to resolve any open or unresolved consumer complaints or unpaid Consumer Affairs' violations *may result in the new license application being denied or deemed incomplete until the open or unresolved consumer complaint is resolved and the unpaid violations are paid.*

18. FALSIFICATION/COMPLETION: *Failure to provide the required information or the giving of false information may result in the denial of the application for a license or any renewal thereto, as well as cancellation, suspension, or revocation in the event such license has been issued. Falsification of any statement made herein may result in possible criminal prosecution by the Office of the District Attorney.*

19. FEES: Nassau County License fees:

1. New Application fee for a two (2) year license (except Health and Environmental)*	\$ 650.00
2. New Application fee for Health Club Operators License	\$1300.00
3. Environmental Hazard Remediation Provider License (2 years)	\$1300.00
4. Environmental Hazard Remediation Technician	\$ 110.00
5. Additional location fee for all licenses except Dry Cleaners/Laundromats	\$ 110.00
6. Additional location fee for Dry Cleaner/Laundromats	\$ 100.00
7. Replacement fee for lost Home Services License	\$ 60.00
8. Replacement fee for lost Electronic/Home Appliance License	\$ 50.00
9. Replacement fee for lost licenses (others)	\$ 55.00

*See Paragraph 10 for Pet Grooming/Groomer license fee details.

ALL PAYMENTS CAN BE MADE BY OFFICIAL BANK OR CERTIFIED CHECK, OR MONEY ORDER
PAYABLE TO
“THE COUNTY OF NASSAU”

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

A TWO YEAR LICENSE WILL BE MAILED TO ALL APPLICANTS
AFTER THE APPLICATION HAS BEEN APPROVED AND PROCESSED.

THE LICENSE SHALL BE AFFIXED IN A CONSPICUOUS PLACE AT EACH BUSINESS LOCATION
& AS WELL AS A COPY SHALL ALSO BE KEPT IN EACH VEHICLE IF APPLICABLE

IF YOU HAVE ANY QUESTIONS ABOUT YOUR SUBMITTED BUSINESS APPLICATION OR HAVE
A QUESTION ABOUT LICENSING; PLEASE EMAIL US AT:

consumeraffairs@nassaucountyny.gov



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

FOR OFFICE USE ONLY

Application Fee \$
 Date Paid: _____ License No.: _____
 CC/MO No.: _____
 Name of Bank: _____

APPLICATION INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> DRY CLEANERS/LAUNDROMATS LICENSE | <input type="checkbox"/> SCRAP METAL PROCESSORS, VEHICLE DISMANTLERS, AND JUNK DEALERS LICENSE |
| <input type="checkbox"/> ELECTRONIC/HOME APPLIANCE REPAIR LICENCE | <input type="checkbox"/> STORAGE WAREHOUSE LICENSE |
| <input type="checkbox"/> ENVIRONMENTAL HAZARD REMEDIATION PROVIDERS & TECHNICIANS LICENSE | |
| <input type="checkbox"/> HEALTH CLUB OPERATORS LICENSE | |
| <input type="checkbox"/> HOME SERVICE LICENSE | |
| <input type="checkbox"/> LOCKSMITH LICENSE | |
| <input type="checkbox"/> PET GROOMING BUSINESS & PET GROOMERS LICENSE | |

BUSINESS INFORMATION

Type of Business:

- Corporation/LLC Partnership Sole Proprietorship Other

Name of Business: _____

Business Address: _____
 (PO Boxes are not allowed)

Business Phone: _____

Cell Phone: _____

Email Address: _____

Assumed name of Corporation (If any): _____

Description of business being conducted: _____

Mailing Address (if different than business address): _____
 (PO Box Only)

Service of Process Address (if applicable): _____

For any supplemental location, an additional fee is required. (See “#18. Fees” section on instructions)

Business Address: _____

Business Phone: _____

Cell Phone: _____

EIN/TAX INFORMATION

Federal Employers' Identification No.: _____ NYS Employers' Identification No.: _____
NYS Sales Tax Identification No.: _____

OTHER LICENSE INFORMATION

Certified Mover Agent DOT License No. (if applicable): _____

BUSINESS BANK INFORMATION

Bank Name and Location: _____

Bank Account Number: _____

*** A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BUSINESS BANK ACCOUNT**

PRINCIPALS/OWNERS OF BUSINESS

(EACH INDIVIDUAL OWNER, PARTNER, OFFICER, MEMBER, OR MANAGER MUST BE LISTED*)

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

*THE ABOVE INDIVIDUALS AND ALL EMPLOYEES AND SALESPERSONS WHO HAVE AUTHORITY TO ESTIMATE, NEGOTIATE AND/OR FINALIZE CONTRACTUAL AGREEMENTS ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS. (All non-employees used as sub-contractors must have in their possession a valid Nassau County License.)

INSURANCE INFORMATION

LIABILITY INSURANCE: (please see insurance instructions for detailed information)

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

WORKERS COMPENSATION: If the business has employees, you are required to have Workmen's Compensation Insurance. If the business does NOT have employees, you are must mark "NO EMPLOYEES" and submit a current, signed, and dated waiver from the Workman's Compensation Board. (CE-200)

EMPLOYEE'S NO EMPLOYEE'S

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

BOND INFORMATION (if applicable)

BONDS: Surety Bond Insurance (if applicable): Amount of Bond: _____
Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

QUESTIONNAIRE

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

1. Has any trade license you have held ever been denied, canceled, suspended, or revoked? Yes No
If yes, please explain: _____

2. Have you ever held any Nassau County License previously? Yes No
If yes, please provide license number(s) _____

3. Have you ever held a Consumer Affairs license in any other municipality? Currently or Previously? (If yes, please submit a copy of a current license with your application) Yes No

4. Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints lodged against your business? Yes No

If yes, state when, where and how resolved. _____

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

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 _____

(Applicant Printed Name)

Notary's Signature

(Applicant Signature)



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 INSTRUCTIONS FOR A
NASSAU COUNTY BUSINESS LICENSE**

1. The following Disclosure Form must be **completed** and **notarized** for:
 - a) each individual/owner
 - b) all partners in a partnership
 - c) all corporate officers, directors, members or managers, and stockholders (including NY contacts for out of state corporations)
 - d) all employees and/or salespersons who have the authority to estimate and/or negotiate a contract.

2. Two **new** (2) professional **passport type** (2"x2") photographs for each person **MUST** be submitted with each disclosure form. Photos must be free of any hats and/or sunglasses and **taken within the past 6 months. Home photos are NOT acceptable.**

3. Each person **MUST SUBMIT** a copy of a valid NYS DMV Driver's License or Non-Driver ID Card (for those who do not drive) **and ONE of the following:** a current utility bill (electric or home telephone), NYS Auto Registration or a copy of a current lease. (P.O. Boxes are not acceptable)

4. All persons are required to answer yes or no to all questions and must state all criminal convictions, including DWI, DWAI and DUI, and provide an official disposition from the applicable court. A complete copy of the court case may be required.

5. **FINGERPRINTING:** The following licensees must submit to a fingerprint-based background check: **Environmental Hazard Remediation Providers and Technicians; Locksmiths; and Scrap Metal Processors, Vehicle Dismantles & Junk Dealers.** Once your license application has been received and reviewed, you will be sent instructions for the fingerprinting process.

6. **JUDGMENT SEARCH:** As part of the review process, a judgment search for industry related judgments, tax liens and warrants, and unpaid child support, will be conducted for each owner, principal, partner, corporate officer, director, member/manager, stockholder, and salesperson, individually, and under the business name and under the name of any prior business name. In order to proceed with the license application or renewal, outstanding judgments must be paid or satisfied, vacated, in the process of being vacated or paid under an agreed upon payment plan with proof of up-to-date payments.

7. **OPEN/UNRESOLVED CONSUMER COMPLAINTS AND UNPAID CONSUMER AFFAIRS' VIOLATION FINES:** As part of the review process, a search for open/unresolved consumer complaints and unpaid Consumer Affairs' violation fines, will be conducted for each owner, principal, partner, corporate officer, director, member/manager, stockholder, manager, and salesperson, individually, and under the business name, and the name of any prior business name. In order to proceed with the license application or renewal, the violation fines must be paid in full and any open/unresolved consumer complaints must be resolved or in the process of being resolved.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

**IF YOU HAVE ANY QUESTIONS ABOUT THE LICENSE PROCESS, PLEASE EMAIL US AT:
consumeraffairs@nassaucountyny.gov**



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? 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)