



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 \$650.00
 Date Paid: _____ Receipt No.: _____
 CC/MO No.: _____
 Issued By: _____
 ___N/C, At Ren ___N/C, Not At Ren ___N/C, Pd 60 Exp. _____

**HOME IMPROVEMENT CONTRACTORS
 NAME CHANGE/LOCATION CHANGE FORM**

License No: _____

PRIOR OR OLD INFORMATION:

Name of Business: _____
 Business Address: _____ Business Phone: _____
 _____ Cell Phone: _____
 Email Address: _____

Description of business being conducted: _____

NEW INFORMATION:

New Name/Assumed name of Corporation* (If any): _____
 (If you are changing the name of your business by creating a d/b/a, you MUST provide an amended Nassau County business certificate. If you are creating an amended or assumed name for your corporation, you MUST provide an amended or assumed name New York State filing receipt. If you created a new corporation, you must file a new application.)

New Mailing Address (if applicable and different than mailing address): _____

New Business Phone: _____ New Email Address: _____

EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED*

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

*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.

INSURANCE and/or WORKERS COMPENSATION: All insurance forms must reflect any name changes and must have the description of work that you are licensed and insured to perform

MUST BE NOTARIZED

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

 Notary's Signature

 (Applicant Printed Name)

 (Applicant Signature)