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THOMAS R. SUOZZI
COUNTY EXECUTIVE



PATRICK G. DUGGAN
DEPUTY COUNTY EXECUTIVE
ECONOMIC DEVELOPMENT

EVETTE BECKETT-TUGGLE
EXECUTIVE DIRECTOR
BUSINESS DEVELOPMENT UNIT

**NASSAU COUNTY OFFICE OF ECONOMIC DEVELOPMENT
BUSINESS DEVELOPMENT UNIT
1550 FRANKLIN AVENUE – ROOM 235
MINEOLA, NEW YORK 11501
(516) 571-1946**

NASSAU COUNTY EMPIRE ZONE ADMINISTRATIVE BOARD

DISCLOSURE DECLARATION

Nassau County Empire Zone Administrative Board

Disclosure Declaration

DATE: _____

I, _____, am a (the) _____ (ex. Principal, Chief Executive Officer, President, Director, etc.) of _____, which is an applicant for benefits administered by the Nassau County Empire Zone Administrative Board.

I understand that the Empire Zone Administrative Board requires applicants to file disclosure forms in order to avoid current or potential conflicts of interest in connection with this application, and I attest to the truth of this information.

PART A

DISCLOSURE OF APPLICANT

Name of firm, company, organization, or group _____

Address _____

Phone _____

Name of firm principal and/or CEO _____

Address _____

Phone _____

PART B

**DISCLOSURE OF APPLICANT'S
PRINCIPALS, INVESTORS & OFFICERS**

List names and home addresses of all principals and investors in the firm, company, organization, or group and their percentages of interest(s) (in the case of public corporations, only those holding an interest of five percent or greater need be listed):

1. Name _____
Home Address _____
Percentage _____
2. Name _____
Home Address _____
Percentage _____
3. Name _____
Home Address _____
Percentage _____
4. Name _____
Home Address _____
Percentage _____

(Attach additional pages as necessary)

List the names and home addresses of all officers of the firm, company, organization, or group not listed above as principals or investors:

1. Name _____
Home Address _____
Title _____
2. Name _____
Home Address _____
Title _____

PART C

**DISCLOSURE OF THOSE AFFILIATED WITH
NASSAU COUNTY**

List the names of all principals, investors or company officers and members of their families (parents, spouses, children and siblings) who hold County, town or village public office in Nassau County and the offices that they hold:

Name of principal, investor or corporate officer _____

Name of family member _____ Relationship _____

Political party position _____

Public office _____ Title _____

PART D

DISCLOSURE OF LAW FIRMS AND ATTORNEYS,

List all law firms or individual attorneys employed or to be employed by the applicant in connection with this application.

Name of law firms and/or lawyers _____

Addresses of law firms and/or lawyers _____

To applicant's knowledge, do any of these attorneys hold public office in Nassau County or perform legal work for the County?

Who? _____

What office or legal work? _____

DISCLOSURE OF CONSULTANTS

List the names of all consultants employed or to be employed by the applicant in connection with this application:

Name _____

Address _____

To applicant's knowledge, do any of these consultants hold public office in Nassau County or perform consultant work for the County?

Who? _____

What office or consultant work? _____

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PART D – Continued

DISCLOSURE OF ALL BANKS AND/OR
LENDING INSTITUTIONS

List the names of all banks and/or lending institutions with which the applicant is doing business in connection with this application:

Name _____

Address _____

To applicant's knowledge, do any officers of these banks and/or lending institutions hold public office in Nassau County or have financial dealings with the County?

Who? _____

What financial dealings? _____

ATTESTATION

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below. Additionally, purchaser shall be obligated to immediately disclose any and all additional or changed facts or circumstances that relate to the foregoing statement.

Dated

(Signature)

(Title)

(Company/Group)

STATE OF
COUNTY OF _____ **:SS**

Sworn to before me this
_____ day of _____, 2____.

Notary Public