



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 \$ _____ **Restitution Pymt: \$50.00**
 Date Paid: _____ Receipt No.: _____
 CC/MO No.: _____
 Issued By: _____
 ___ N/C, At Ren ___ N/C, Not At Ren ___ N/C, Pd 60 Exp. _____

BUSINESS LICENSING APPLICATION
FOR: _____

License No: _____
 Issue Date: _____

Name of Business: _____

Business Address: _____ Business Phone: _____

Cell Phone: _____

Email Address: _____

Assumed name of Corporation (If any): _____

Description of business being conducted*: _____

*(Must match the specific description listed on your Liability Insurance Accord form in Description of Work)

Mailing Address (if different than business address): _____

Service of Process Address (if applicable): _____

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

NYS Sales Tax Identification No.: _____

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

Bank for Escrow Account: _____ Escrow Account No.: _____

For any supplemental location, an additional fee is required. (See "# 15. Fees" section on instructions)

Business Address: _____ Business Phone: _____

Cell Phone: _____

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.

(All non-employees used as sub-contractors must have in their possession a valid Nassau County License.)

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. EMPLOYEE'S NO EMPLOYEE'S

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

BONDS: Surety Bond Insurance (if applicable): Amount of Bond: _____

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

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW IN ORDER TO APPLY FOR A NASSAU COUNTY LICENSE.

Has any trade license ever been denied, cancelled, suspended or revoked? Yes No

If yes, please explain: _____

Have you ever held any Nassau County License previously? Yes No

If yes, please state number(s). _____

Do you or have you held a license in any other municipality? Yes No

(If yes, please submit a copy of the license with your application)

Will you be sub-contracting any work? Yes No

(All non-employees used as sub-contractors must have in their possession a valid Nassau County License and your insurance must cover you for sub-contracting.)

Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints? Yes No

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

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. **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.

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP OR INDIVIDUAL BUSINESS

Failure to do so may result in revocation of license

MUST BE NOTARIZED

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

Notary's Signature

(Applicant Printed Name)

(Applicant Signature)