



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 LICENSE

This form is to be completed by each individual owner, partner, officer, principal, director, technician, stockholder, sales representative, manager, foreman and any other person that negotiates with a consumer.

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: _____

_____ Cell phone: _____

Email Address: _____

Name of Business: _____

DMV ID No.: _____ Social Security No.: _____ DOB: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

You must have at least 5 years recent, relevant verifiable experience in the home improvement field. You are required to submit W2's or 1099's for proof.

I have at least ___ years experience in the home improvement field, or in related activities, which similarly tend to establish my competence to operate a home improvement business.

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: _____

STATE OF NEW YORK
SS:
COUNTY OF NASSAU

AFFIDAVIT

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

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND WRITTEN EXPLANATION FOR ALL CHARGES. A COPY OF THE COURT CASE(S) MAY BE REQUIRED.

You are required to certify that any judgment(s) against yourself has been discharged, is being appealed, or being paid according to agreed scheduled payments with creditors; and that there are no unsatisfied or unnegotiated judgments against either the undersigned individual or firm.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Misdemeanor/Felony) Yes No

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No

DO YOU HAVE ANY CIVIL OR CRIMINAL ACTIONS NOW PENDING IN WHICH YOU HAVE BEEN INVOLVED IN PERSONALLY AND/OR IN THE COURSE OF BUSINESS? Yes No

DO YOU HAVE ANY CHILD SUPPORT ORDER(S)? IF YES, YOU MUST SUBMIT A COPY OF THE ORDER AND PROOF THAT ALL SCHEDULED PAYMENTS ARE BEING MADE. Yes No

DO YOU HAVE ANY JUDGMENTS, LIENS OR TAX WARRANTS FILED AGAINST YOU? Yes No

HAVE YOU EVER FILED BANKRUPTCY? (BUSINESS OR PERSONAL) (IF YES, YOU WILL NEED TO PROVIDE DOCUMENTS FOR REVIEW) Yes No

DO YOU CURRENTLY OWE ANY NASSAU COUNTY AGENCY MONEY? IF YES, ALL FUNDS MUST BE PAID TO BE LICENSED Yes No

In consideration of being granted the license hereby applied for, it is agreed that the applicant has received, read and 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 prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

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

Notary's Signature

(Applicant Printed Name)

(Applicant Signature)