



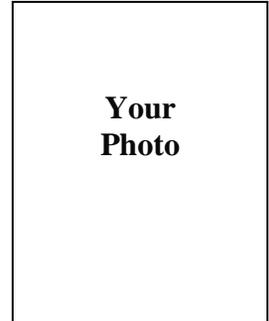
SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

HOME IMPROVEMENT SALESPERSON LICENSE APPLICATION

YOUR SALES APPLICATION WILL BE RETURNED UNLESS YOU PROVIDE:

1. A totally completed application. YOU MUST ATTACH A PASSPORT PHOTO. "Authorization from the person who holds the home improvement license" must be completed and signed by the home improvement license holder.
2. A totally completed Affirmation (Page 2). Be certain to answer all questions. Sign and date at the bottom.
3. Applicant Background (Pages 3/4) must be completed and signed. If you answer YES to any of the questions, you must provide a detailed explanation as well as any pertinent documentation.
4. A copy of your NYS driver's license or NYSDMV non-driver's identification.



The fee for an identification card is fifty dollars (\$50.00) per annum

Applications may be submitted Mon-Fri, 9:00 am-4:00 pm. Licenses are issued by appointment.

Please Print – Answer all questions. Immediate notice should be given of any change of address.

| | | | | | | | | | | | | |
|---|--|------------|--|---------|--|---|--|-------|-------------------|-----|----------------|--|
| Last Name | | First Name | | Initial | | Business Name | | | | | | |
| Address - Number and Street | | | | | | Address - Number and Street | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | | |
| Telephone Number (including area code) Home: Business: Cell: Fax: | | | | | | Type of Business ___Corporation ___Partnership ___Sole Proprietorship ___Other | | | | | | |
| Social Security Number | | | | | | Date of Birth Month Day Year | | | Height Ft. In. | | Weight Lbs. | |
| Email Address | | | | | | | | | | | | |
| 1. Have you ever been licensed by this agency? ___No ___Yes, License # _____ | | | | | | Previous Employers (List last three, with most recent first) | | | | | | |
| 2. Are you now an officer or principal in a Home Improvement Co. actively engaged in business in the County of Suffolk? ___No ___Yes, Name of Firm(s) _____ | | | | | | Firm _____ Address _____ Dates _____ Telephone _____ | | | | | | |
| 3. Have you ever been an officer, principal, or employed in a Home Improvement Company? ___No ___Yes, Name firm & capacity. _____ | | | | | | Firm _____ Address _____ Dates _____ Telephone _____ | | | | | | |
| 4. Have you ever been convicted of a violation of law, other than a traffic violation? ___No ___Yes If yes, explain: _____ _____ _____ | | | | | | From the person who holds the Home Improvement License I hereby authorize _____ to represent _____ as a salesperson _____ Signature _____ Home Improvement License Number _____ | | | | | | |

Privacy Act Statement: Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 563.5 and/or SCC 239, and/or sec 275-3A, and/or SCC 313-18A, and/or SCC 361-3A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Labor, Licensing, & Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.

DECLARATION (To be completed by applicant): I declare under penalties of the Penal Law, that I prepared this Application and that the statements contained therein are, to the best of my knowledge and belief, true, correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection therewith.

Signed _____ Date _____

Steven Bellone
Suffolk County Executive



Frank Nardelli
Commissioner

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STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss:

AFFIRMATION

(Name) _____

(Company Name) _____

1. You must check either (A) or (B)

(A) I affirm that there have never been any judgments filed against the above named individual applicant or firm.

(B) I affirm that all judgments against me have been discharged, are being appealed, or being paid according to agreed scheduled payments with creditors and that there are no unsatisfied or unnegotiated judgments against either the above named individual applicant or firm.

2. I hereby acknowledge that I have been advised, and am fully aware, that Suffolk County Code Chapter 563 requires that any individual who negotiates or offers to negotiate a contract for the above named licensee with a consumer, or solicits or otherwise endeavors to procure a contract from a consumer on behalf of the above named licensee, whether or not such individual is an employee of the above named licensee, will first obtain an identification card from the Suffolk County Department of Labor, Licensing, & Consumer Affairs.

3. Briefly describe work to be performed:

Individual's Name and Title

Company Name

AFFIRMATION (To be completed by Applicant): I AFFIRM UNDER PENAL TIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

Signed _____ Date _____



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APPLICANT BACKGROUND INFORMATION

Your Name _____

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS AND SIGN THIS FORM. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET.

- (1) Have you ever been convicted of a crime or offense of any kind (other than traffic or parking violations) or entered a plea of guilty or nolo contendere? Y____ or N____
- (2) Are any criminal charges currently pending against you? Y____ or N____
- (3) Are you now, or were you ever on parole or probation? If YES, you MUST provide a letter of good standing from your parole/probation officer. Y____ or N____
- (4) Have you ever been the subject of any investigation by a federal, state or local agency (other than a routine background investigation for employment purposes)? Y____ or N____
- (5) Have you ever been cited for contempt of any court or legislative, civil or criminal investigative body or grand jury? Y____ or N____
- (6) Have you, or any business in which you are or were an owner, officer, director or partner, been the subject of any criminal or administrative investigation? Y____ or N____
- (7) Are there any liens or judgments against you or any business in which you are or were an owner, officer, director or partner? Y____ or N____
- (8) Were you, or any business in which you are or were an owner, officer, director or partner, ever involved in a bankruptcy proceeding? If yes, where and when _____ Y____ or N____
- (9) Are there any tax liens currently assessed or pending against you or any business in which you are or were an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest? Y____ or N____
- (10) How long have you resided at your current address? _____Yrs.____Mths.
- (11) Have you resided outside the State of New York for more than 180 days in the last calendar year? Y____ or N____

If so, please indicate below your out of state residence address:

- (12) Have you been conducting business under the present business name, and if so, where? _____ Y ___ or N ___
- (13) Do you own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities? Y ___ or N ___
- (14) Are you in arrears on any child support and/or maintenance obligations? Y ___ or N ___

(15) Bank Accounts for this business:

Bank Name & Location: _____

Bank Account #: _____

Date Opened: _____

NOTE: A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BANK ACCOUNT.

(16) Name of CPA, if any: _____

Name of corporate attorney, if any: _____

(17) Have you or any immediate family member ever been involved in a business which had a license issued by this Office? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

(18) Have you or any immediate family member ever been involved in a business which had a license issued by:

New York City? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

Nassau County? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

Any other local municipalities?

Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

NOTE: ALL ANSWERS AND RESPONSES WILL BE CHECKED AND VERIFIED VIA COMPUTER SEARCH AND OTHER INVESTIGATIVE METHODS.

AFFIRMATION (to be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION HEREWITH.

Signed _____ Date _____