



## **SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**

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

### **TAX GRIEVANCE CONSULTANT LICENSE** **APPLICATION INSTRUCTIONS**

Local Law #13-1995 establishes Chapter 460 of the Suffolk County Code in connection with the licensing of tax grievance consultants in Suffolk County. The law requires that all applicants for a tax grievance consultant license pass a written exam. The exam content is comprised of tax assessment related issues and information obtained from the NYS Board of Real Property Services and Tax Assessment Review Procedures. Copies of Suffolk County Code, Chapter 460, pertaining to the tax grievance consultant law, and Chapter 249, pertaining to deceptive and unconscionable trade practices, are available from our office. The written exam will consist of questions in True/False and multiple choice formats.

1. Application must be filled out completely on both sides.
2. Attach a current passport photo to the application.
3. Complete and sign the attached affirmation.  
Note that you must choose between (A) or (B) in the first paragraph.
4. Attach the following to the application:
  - A) If incorporated, please provide a copy of your corporate minutes indicating your position in the company, and a copy of your New York State filing receipt.

**OR**

  - B) If you are a d/b/a, please provide a d/b/a Certificate (Available from the Suffolk County Clerk's Office in Riverhead at (631) 852-2000).

**AND**

  - C) Copy of NYS driver's license or NYSDMV non-driver photo I.D.
5. Submit a non-refundable two hundred dollar (\$200.00) application fee by check made payable to **Suffolk County Consumer Affairs**. The license fee is two hundred dollars (\$200.00) per year. On approval and passing the written test, a check, money order or cash for four hundred dollars (\$400.00) for the required two-year license must be submitted.
6. Applicant Background 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. No application can be accepted without banking information (#15). This information must match your check. You may provide a voided matching check or a copy of your bank statement.

For information regarding this application procedure, contact Licensing at (631) 853-4604

#### **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.



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**TAX GRIEVANCE CONSULTANT LICENSE APPLICATION**

Please Print – Answer All Questions

APPLICANT'S NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS NAME(S): \_\_\_\_\_

TYPE BUSINESS: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Other

FEDERAL TAX ID #: \_\_\_\_\_ STATE TAX ID#: \_\_\_\_\_

WORKER'S COMPENSATION #: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS FINANCIAL INSTITUTION NAME, ADDRESS, & ACCOUNT #

**INSURANCE AGENT/BONDING COMPANY NAME & ADDRESS**

Are you an attorney licensed to practice law by the State of New York?  No  Yes

Do you presently hold a professional license elsewhere?  No  Yes

Name of License \_\_\_\_\_

Date of Issuance \_\_\_\_\_ Issued by \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes If yes, attach statement of facts.

Have you ever had a professional license suspended or revoked?  No  Yes

Personal Reference Not Related by Blood or Marriage

_____	_____	_____
Name	Address	Phone

**DETAILED STATEMENT OF EXPERIENCE**

Use the reverse side of this form for a detailed account of your duties and experience. Give detailed and complete account of your experience in the profession for which you are requesting examination. Employment information may be confirmed by employers at a later date. Additional pages may be attached, if required, and must be notarized.



\_\_\_\_\_  
Date of Photo

Names/Addresses of Past/Present Employers	Position Held	Dates From/To	Total Time Years/Months

Courses Taken	School Name & Location	Certificate Issued Completion

List all additional business names and addresses in which you are principal officer: including location of all branches and separate offices. If "None", write none.

<u>Business</u>	<u>Address</u>	<u>Principal type of work</u>

List President, Vice President, Secretary and Treasurer, principal officers or partners. Include present position. If you are the only owner, list yourself for all four (4) positions. If you own a Limited Liability Corporation (LLC) all officers must be listed. If "None", write none.

<u>Name</u>	<u>Address</u>	<u>Position in Firm</u>

List all previous business or subsidiaries in which you were a principal officer, all other associated officers and present status of the business (i.e. defunct, bankrupt, sold, etc.) If "None", write none.

<u>Business Name</u>	<u>Address</u>	<u>Associated Officers</u>	<u>Present Status</u>

List name(s) of current employees, officers or partners who are now, or were, principal officers of any other companies engaged in the Home Improvement field during the past five (5) years. Include business name(s), address and dates of affiliation. Use additional sheets if necessary. If "None", write none.

Names and home addresses of all salespersons currently employed by your firm who are actively engaged in Suffolk County. If "None", write none.

Are you presently or have you ever been licensed in Suffolk County or any other municipality?

\_\_\_ Yes \_\_\_ No

If Yes, Where: \_\_\_\_\_ License # \_\_\_\_\_ Type License \_\_\_\_\_

Expiration Date \_\_\_\_\_ If more than one, list \_\_\_\_\_

**DECLARATION**

I declare 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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**TAX GRIEVANCE CONSULTANT LICENSE AFFIRMATION**

STATE OF NEW YORK )  
COUNTY OF SUFFOLK ) ss:

1. I certify that all work to be performed and all work offered to be performed in the Tax Grievance Consultant Service will comply with the terms and conditions of Suffolk County Code Chapter 460 and any other applicable Suffolk County, New York State, and/or Federal laws.

2. In accordance with Suffolk County Local Law #13-1994, I hereby affirm that I do not have any child support payments which are in arrears at this time.

**3. You must check either (A) or (B)**

(A) I affirm that there have never been any judgments filed against the below 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.

4. I hereby affirm that the information contained on this page is true.

Individual's Name and Title: \_\_\_\_\_  
(PRINT)

Company Name: \_\_\_\_\_

**173.35 Offering a false instrument for filing in the First Degree**

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political sub-division thereof, he offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of such public office or public servant.

Offering a false instrument for filing in the first degree is a class E. Felony L.1965, c.1 030

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 \_\_\_\_\_