

STATE OF NEW YORK)

) ss:

AFFIRMATION

COUNTY OF SUFFOLK)

(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 certify that all contractors/sub-contractors will have in their possession a valid Suffolk County Occupational License as required by Suffolk County Code.

3. Briefly describe work to be performed:

Individual's Name and Title

Company Name

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.

COMPLIANCE AFFIRMATION: I understand the issuance of my license requires compliance with all laws applicable to my business. I understand that Title 8 USC 1324a makes the hiring of unauthorized aliens unlawful and imposes record keeping responsibilities if I am an employer. I am also obligated to pay taxes for employees I may have. I affirm I am now and have been in compliance with Title 8 USC 1324a and I have paid/will pay all required payroll tax payments for any employee including Social Security, Medicare and State and Federal unemployment taxes. I AFFIRM THAT THE STATEMENTS ON THIS LICENSE APPLICATION ARE TRUE AND ACCURATE.

Signed _____ 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.

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Signed _____ Date _____