



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

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

Dear Pet Cemetery & Crematorium Merchant:

Any person engaged in the Pet Cemetery and/or Crematorium business must obtain a license from the Suffolk County Department of Labor, Licensing and Consumer Affairs.

Complete the application form, attach a recent facial photo of the applicant in the space provided, (applicant must be a corporate officer or owner) and return it the Suffolk County Department of Labor, Licensing and Consumer Affairs. Your application must be accompanied by ALL of the following:

1. A **non-refundable APPLICATION FEE** of two hundred (\$200.00) dollars. Check or money order should be made payable to Suffolk County Department of Consumer Affairs.
2. If incorporated, A **COPY OF THE CORPORATE MINUTES INDICATING YOUR POSITION IN THE CORPORATION AND THE STATE FILING RECEIPT.**
3. If you are a sole proprietorship, please provide a copy of the **BUSINESS CERTIFICATE.**
4. A **SEPARATE CHECK** or money order in the amount of four hundred (\$400.00) dollars for the required two-year license, made payable to Suffolk County Consumer Affairs.
5. If you have more than one business location in Suffolk County operating under the exact same corporate or business name, you must apply for and obtain a supplementary license for each additional location. The fee for a supplementary license is one hundred (\$100.00) dollars per additional location. Complete the front of the license application regarding supplementary locations and include the additional fee with your application.
6. A copy of NYS driver's license or DMV non-driver photo I.D.

If you have any questions or need assistance with this application, please contact the Licensing Certification Unit at 631-853-4599.

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.

PET CEMETERY/CREMATORIUM LICENSE APPLICATION

Please Print – Answer All Questions

APPLICANT NAME: LAST _____ FIRST _____ M.I. _____

DATE OF BIRTH: ___/___/_____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

CELL PHONE: _____ FAX: _____

BUSINESS NAME(S): _____

BUSINESS ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL: _____

Type Business

___ Corporation ___ Partnership ___ Sole Proprietorship ___ Other

1. Federal Tax ID Number _____

2. Worker’s Compensation Number _____

3. NYS Sales Tax Registration Number _____



Date of Photo _____

Personal reference not related by blood or marriage.

Name _____ Telephone _____

Address _____

List addresses of other Suffolk County branch locations. Each additional location requires a supplementary license at an additional fee of \$100 (two-year license) for each supplementary license. Attach additional sheets if necessary.

Street Address _____ City and Zip Code _____

Street Address _____ City and Zip Code _____

Street Address _____ City and Zip Code _____

Are there any outstanding or administrative penalties against you, the business, or other partner, director, or officer? ___ No ___ Yes If yes, please indicate _____

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.

Business _____ Address _____ Principal type of work _____

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Names and addresses of any previous dry cleaning business in which you were a principal officer, all other associated officers, and present status of the business. (i.e., Defunct, Bankrupt, Sold, etc.)

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

Were there any outstanding judgments/administrative penalties against these firms?

List all directors, officers, or partners associated with your present business and the position each holds within the firm.

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

DECLARATION (To be completed by Applicant):

I declare under penalties of the Penal Law, Sec. 175.35*, 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 _____

* NYS Penal Law, Sec. 175.35 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 subdivision 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 the records of such public office or public servant. Offering a false instrument for filing in the first degree is a class E felony.