



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

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

OCCUPATIONAL LICENSE RENEWAL APPLICATION (LW)

Your check or money order must be payable to "Suffolk County Consumer Affairs"
and returned / mailed to the address listed above.

\$400.00 Renewal Fee. Two-year renewal will include one endorsement. There is a \$200.00 fee for each additional endorsement. Check all endorsements that apply.

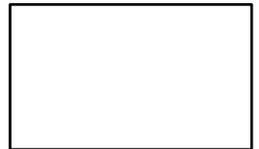
- #1 Septic Tank Pumping, Cleaning & Maintenance
- #2 Grease Trap/ Grease Interceptor Cleaning & Maintenance
- #3 Yellow Grease/Fryer Oil Collection
- #4 Temporary Restroom Facilities
- #5 Waste Line Cleaning & Inspection
- #6 Bulk Liquid Waste Transportation
- #7 Vactor (pump/vacuum) Services
- #8 Conventional Septic System Maintenance Inspector
- #9 Conventional Septic System Installation
- #10 Innovative & Alternative Treatment System Installer
- #11 Innovative & Alternative Treatment System Service Provider

Licensee Name: _____ License # _____

Business Name: _____

Business Address: _____

Official Use Only



Each question must be answered by the licensee. The licensee must also sign and date this form. If the answer is "yes" to questions 1-9, please give details on a separate sheet.

SINCE YOUR LAST LICENSE WAS ISSUED / RENEWED:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you in arrears of any Child Support Judgment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your business name changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| (If yes, you must contact this office before your license can be renewed) | | |
| 3. Has the licensee gone out of business? (If yes, please return your ID card and certificate).. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have there been any changes in address or phone number of home or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have there been any changes in partners or corporate officers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted of any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any judgments filed against you or your business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you or your business filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |

NO LICENSE WILL BE RENEWED WITHOUT A CURRENT CERTIFICATE OF INSURANCE ISSUED IN YOUR CORRECT BUSINESS NAME WITH S.C. DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS AS CERTIFICATE HOLDER.

Compliance Affirmation

I understand that renewal 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 USC1324a and I have paid 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 renewal form are true.

Licensee's Signature _____

Date _____