



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

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

### **Dry Cleaning License Application Instructions**

Dear Dry Cleaning Merchant:

Any person engaged in the dry cleaning 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. If you currently hold a valid dry cleaning certificate issued by the New York State Department of Environmental Conservation (DEC), you still must file for a license with Suffolk County and pay the application fee of two hundred (\$200.00) dollars. However, the license fee of four hundred (\$400.00) dollars is waived.
7. A copy of NYS driver's license or DMV non-driver photo I.D.

# DRY CLEANING LICENSE APPLICATION

Please Print – Answer All Questions

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

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

*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.*

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 \_\_\_\_\_

**ATTACH  
CURRENT  
PASSPORT  
PHOTO**

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.

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

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.



Steven Bellone  
Suffolk County Executive

Frank Nardelli  
Commissioner

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STATE OF NEW YORK )  
 ) ss:  
COUNTY OF SUFFOLK )

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. 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.

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.

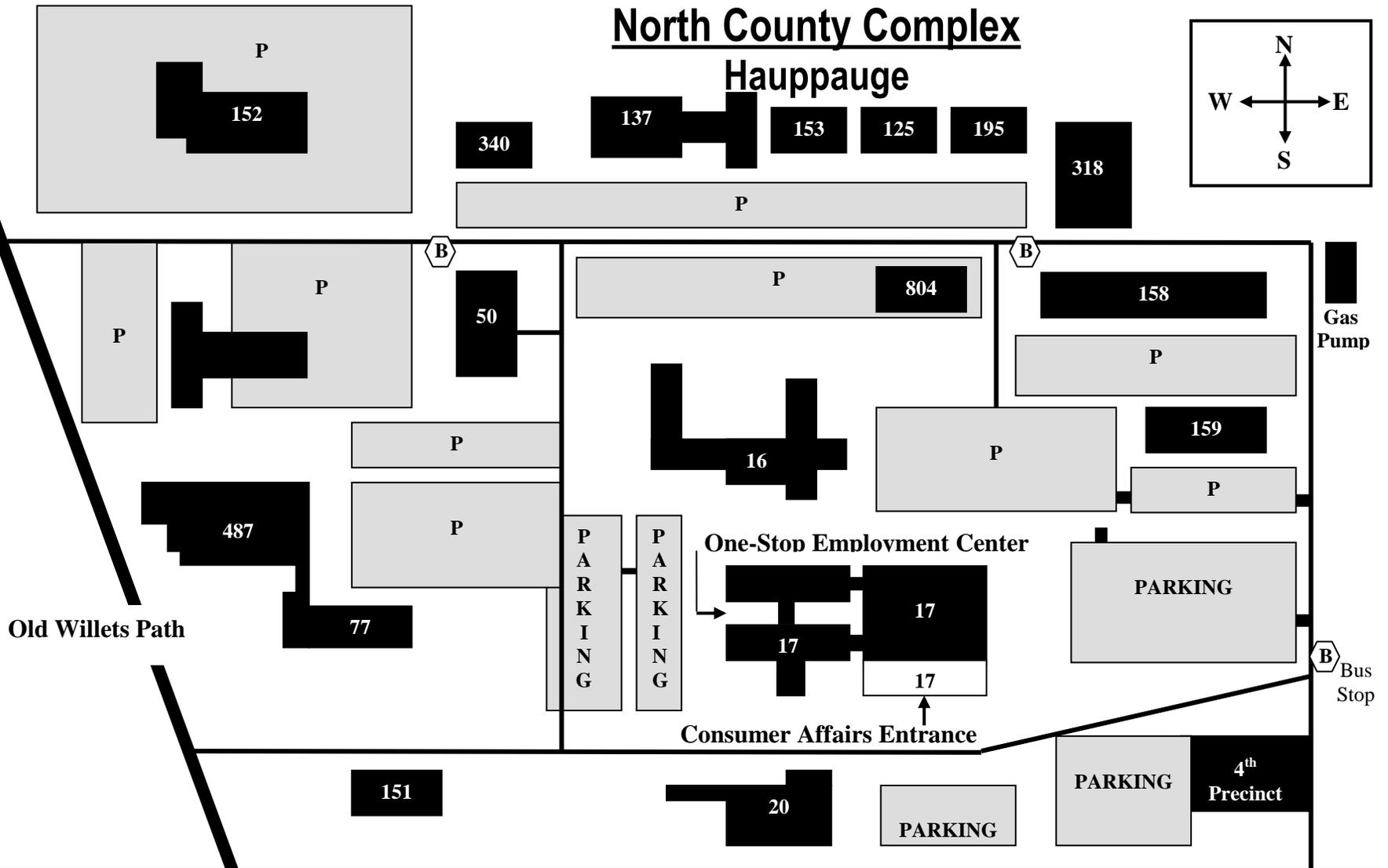
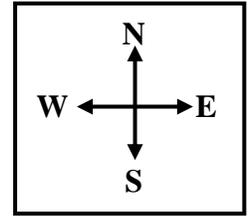
- (16) Name of CPA, if any: \_\_\_\_\_  
 Name of corporate attorney, if any: \_\_\_\_\_
- (17) Have you or any immediate family member ever been involved in a business which had a license issued by this Office? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 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 \_\_\_\_\_

# North County Complex Hauppauge



16- EAC Community Mediation  
**17- Suffolk County One-Stop**  
**17- Consumer Affairs**  
 20- County Legislature  
 50- Data Processing  
 77- District Attorney

125- Relocation & Grounds  
 137- Custodial Warehouse  
 151- Telecommunications Unit  
 152- Fleet Garage  
 153- DCA Testing Facility

158- Personnel /Civil Service/ Handicap Services & 4<sup>th</sup> District Court  
 159- Department of Health Services/ Alcohol & Substance Abuse/ Bureau of Environmental Protection

195- Relocation & Grounds  
 318- Department of Public Works  
 487- Forensic Science Building  
 804- TASC Building