



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

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

COMMERCIAL & INDUSTRIAL PAINTING **APPLICATION INSTRUCTIONS**

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**.
6. Applicants must demonstrate two years of prior trade experience in the commercial and industrial painting field.
7. Submit a certificate of liability and property damage insurance in the minimum amount of one million dollars (\$1,000,000.00) combined single limit, containing a fifteen (15) day cancellation statement. The certificate must name the "Suffolk County Department of Labor, Licensing & Consumer Affairs" as the Certificate holder.
8. A certificate of Worker's Compensation as required by New York State Law. If you have any questions regarding Worker's Compensation, please call 1 (866) 681-5354.
9. 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.

Note: If you currently hold a valid Suffolk County Home Improvement License, a Commercial & Industrial Painting License may be obtained by submitting a two hundred (\$200.00) dollar application fee.

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



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COMMERCIAL & INDUSTRIAL PAINTING LICENSE APPLICATION

Please Print – Answer All Questions

APPLICANT’S 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 STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

CELL PHONE: _____ FAX: _____

BUSINESS NAME(S): _____

BUSINESS STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

EMAIL: _____

IMPORTANT! PLEASE NOTE THAT YOUR BUSINESS TELEPHONE NUMBER LISTED HERE WILL BE THE KEY NUMBER BY WHICH PEOPLE WILL BE ABLE TO SEARCH THE LABOR, LICENSING, & CONSUMER AFFAIRS WEBSITE TO DETERMINE WHETHER OR NOT YOU HAVE A VALID LICENSE. IT IS IMPERATIVE THAT YOU LIST THIS CORRECTLY AND THAT THIS BE THE NUMBER YOU USE ON YOUR BUSINESS CARDS, CONTRACTS, ADVERTISING, ETC.



Type Business

___ Corporation ___ Partnership ___ Sole Proprietorship ___ Other

1. Federal Tax ID No. _____

2. Worker’s Compensation No. _____

3. NYS Sales Tax Registration No. _____

Do you subcontract your work? ___ Yes ___ No If yes, name & address of Subcontractor

Personal Reference (not related by blood or marriage)

Name: _____ Tel: _____

Address: _____

Each separate Business requires a separate license.

THIS IS AN APPLICATION: NOT A LICENSE

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 _____

Remit application fee of \$200.00 (non-refundable) made payable to: Suffolk County Consumer Affairs

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.

L. 1965, c. 1030

Signed _____ Date _____



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STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss:

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. 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:

Note: This must match the "Description of Operations" on your certificate of insurance

Individual's Name and Title _____

Company Name _____

AFFIRMATION (To be completed by Applicant): I AFFIRM 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 _____

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 _____

VERIFICATION OF EMPLOYMENT AND QUALIFICATIONS

Note:

This document shall be **completed by the signer who must be licensed** in the relevant field. **Do not omit any requested information.**

COUNTY OF SUFFOLK:)
STATE OF NEW YORK:)

I, _____ currently licensed as an _____ and that I have employed _____ on a () part-time () full-time basis.

I have found him/her to be competent, and that I consider him/her a qualified _____ and if he/she meets all requirements, to be examined by Suffolk County for a _____ license.

My records show that the above applicant has been employed by me as follows:

EMPLOYEE'S NAME	EMPLOYED FROM-TO	TOTAL TIME YEARS-MONTH	ANNUAL GROSS SALARY

Employment verified by W2 Forms? YES ___ NO ___

The applicant, while under my employ has performed the following duties:

Any Additional Remarks - Please use the back of this affidavit

Current Business Name: _____
Business Address: _____
License Number(s): _____
Place of Issuance: _____
Last Time Renewed: _____

I affirm, subject to the penalties of perjury that the information set forth above has been examined by me and to the best of my knowledge and belief is true and correct

Sworn to before me this _____ day of _____ ,

Signature: _____

NOTARY PUBLIC