



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

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

### **APPLICATION INSTRUCTIONS FOR SIGN HANGERS LICENSE**

*Please Note: Documented proof of two year's employment in this industry is required.*

1. Application must be filled out completely on both sides.
2. Applicant must complete and sign the attached Affirmation. In particular, please note that you must choose between (A) or (B) in the first paragraph.
3. Applicant must attach the following to the application:
  - A) If incorporated, please provide a copy of your corporate minutes indicating your position in the corporation, and a copy of the New York State filing receipt.

**OR**

B) If you are a d/b/a, please provide a d/b/a Certificate obtained from the Suffolk County Clerk's Office in Riverhead. Please call (631) 852-2000 for information.

**AND**

4. Applicant must submit a non-refundable application fee of two hundred dollar (\$200.00) by either money order or check made payable to **Suffolk County Department of Consumer Affairs**.
5. You must attach a passport photo to the application where indicated. We will take a photo of you for your ID card, but you must provide the photo for your application.
6. Applicant must submit a Certificate of Liability and Property Damage Insurance in the minimum amount of five hundred thousand dollars (\$500,000.00) containing a fifteen (15) day cancellation statement. The Certificate must name "Suffolk County Department of Labor, Licensing & Consumer Affairs as the Certificate holder.
7. A Certificate of Worker's Compensation as required by New York State Law.
8. Once your application has been approved, you will be asked to submit a check or money order for four hundred (\$400.00) dollars for the required two-year license. Approximately thirty (30) days before your license expires, you will be sent a renewal notice to extend your license another two years.
9. Copy of N.Y.S. driver's license or DMV non-driver photo I.D.

# SIGN HANGERS LICENSE APPLICATION

*Please Type or 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name(s): \_\_\_\_\_

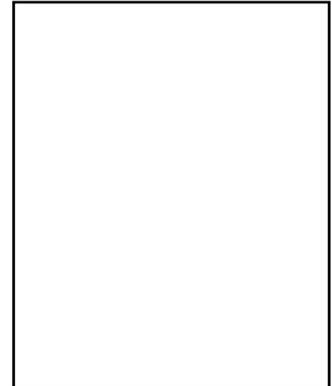
Business Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**IMPORTANT:** Note that your business telephone number listed here will be the key number by which people will be able to search the Consumer Affairs website to determine whether or not you have a valid license. You must list this number correctly on business cards, contracts, advertising etc.



Passport Photo

**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?  No  Yes If yes, name and address of subcontractor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Reference (not related by blood or marriage)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Each separate business requires a separate 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 all principal officers or partners associated with your present business. Please include their present position in the firm. 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 this 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.

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List employers during the past five year period.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

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 \_\_\_\_\_



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 hereby acknowledge that I have been advised, and am fully aware, that Suffolk County Code Chapter 563 requires that any individual who negotiates or offers to negotiate a contract for the above named licensee with a consumer, or solicits or otherwise endeavors to procure a contract from a consumer on behalf of the above named licensee, whether or not such individual is an employee of the above named licensee, will first obtain an identification card from the Suffolk County Department of Labor, Licensing, & Consumer Affairs.

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

4. 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 THEREIN 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 THEREWITH.

**COMPLIANCE AFFIRMATION:** I understand the issuance of my license requires compliance with all laws applicable to my business. I understand that Title 8 USC I 324a 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/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.

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 THEREIN 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 THEREWITH.

Signed \_\_\_\_\_ Date \_\_\_\_\_