



**NASSAU COUNTY
DEPARTMENT OF CONSUMER
AFFAIRS**
240 Old Country Road, Mineola, NY 11501
NASSAUCOUNTYNY.GOV

FOR OFFICE USE ONLY

Date: _____

**PET DEALERS AND PET STORES
REGISTRATION FORM**

Registration No: _____

Issue Date: _____

Name of Business: _____

Business Address: _____ Business Phone: _____

_____ Cell Phone: _____

Assumed name of Corporation (If any): _____

Mailing Address: _____ If different than business
_____ address.

Supplemental location(s), use additional sheet if necessary.

Business Address: _____ Business Phone: _____

_____ Cell Phone: _____

EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED.

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

_____ Signature: _____

ALL EMPLOYEES AND SALESPERSONS WHO HAVE AUTHORITY TO NEGOTIATE AND/OR FINALIZE A SALE OR ADOPTION MUST BE LISTED BELOW.

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Signature: _____

Description of business being conducted: _____

(Use additional sheet if necessary)

ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NASSAU COUNTY REGISTRATION AND MUST BE ANSWERED.

- (1) a) Has any trade license or registration ever been denied, cancelled, suspended or revoked? _____
b) If yes, explain. _____

- (2) a) Have you ever held any Nassau County License or registration previously? _____
b) If yes, please state number(s). _____
c) Do you or have you held a license or registration in any other municipality? _____
If yes, please submit a copy of the license or registration with your application.

- (3) a) Have you ever had any contact with this agency or any other governmental agency regarding complaints and/or violations? _____
b) If yes, state when, where and how resolved. _____

(4) If the business has employees, you are required to have Workmen's Compensation Insurance.

Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

If the business does NOT have employees, you are required to write "NO EMPLOYEES", and submit a current, signed and dated waiver from the Workman's Compensation Board. _____

(5) Surety Bond Insurance (if applicable): Amount of Bond: _____

Name of Ins. Co: _____ Policy Number: _____ Exp. Date: _____

(6) YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE YOUR BUSINESS':

a) Federal Employers' Identification No. _____

b) NY State Employers' Identification No. _____

c) NY State Sales Tax Identification No. _____

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP OR INDIVIDUAL BUSINESS

Failure to do so may result in revocation of registration

Applicant Signature

Sworn to before me
this _____ day of _____, 20____

Notary Public



NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
WWW.NASSAUCOUNTYNY.GOV
PHONE: (516) 571-2600 FAX: (516) 571-3389

AFFDAVIT OF APPLICANT FOR PET STORE, DEALERS AND BREEDERS

This affidavit is to be completed by an owner or principal of the business.

I, _____ having been duly sworn, as _____
Print Full Name *Title*

of (Name of Business) _____

HOME ADDRESS: _____ HOME PHONE _____

DATE OF BIRTH: _____ SOCIAL SECURITY No.: _____

depose and state that:

- a) I have examined this application and to the best of my knowledge, all information and answers herein are true, correct and complete.
- b) I certify that my age is at least 21 years.
- c) I am required to notify this office in writing within ten (10) days of any change in name and/or address.
- d) In consideration of being granted the registration hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Office of Consumer Affairs that are now in force or that may in the future be promulgated. The Rules and Regulations can be viewed at:
<http://www.nassaucountyny.gov/1560/Laws-Enforced-by-Consumer-Affairs>
- e) The Commissioner may at any time request any additional information that she deems fit and appropriate in order to properly assess the eligibility of any applicant for Nassau County Pet Store and Sealers Registration.
- f) I understand that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

Sworn to before me
this ___ day of _____, 20__

(Applicant Signature)

Notary's Signature

(Applicant Printed Name)

GENERAL INSTRUCTIONS FOR PET DEALERS AND PET STORES

Failure to complete the required information or the giving of false information in the application may result in the denial of said application for a registration or any renewal thereto, as well as cancellation, suspension or revocation in the event such registration has been issued. Falsification of an official document is punishable under the law to the fullest extent. The issuance of a registration is subject to verification of the requirements herein provided.

1. An application must be signed before a Notary Public and thereafter filed with this Office. If the application is made by an out-of-state individual, partnership or Corporation, you must provide a Certificate of Authority to do business in NY State, have a NY State location as well as an authorized contact person that can be reached in New York.
2. The following enclosed forms must be completed:
 - a) APPLICATION form completed and NOTARIZED by an owner or corporation principal.
 - b) AFFIDAVIT OF APPLICANT form completed and NOTARIZED by an owner or corporation principal.
3. You must also submit a copy of a current utility bill or a current lease to show proof of business location.
4. You must submit a copy of a valid USDA Pet Dealer License with your completed Nassau County Registration Forms.
5. NY State law requires ALL businesses to have a Federal Employers Identification number, and a NY State Sales Tax number if you collect sales tax. You must list these numbers on your application or it will NOT be accepted. You can obtain these numbers by calling 1(800) 829-4933 for Federal and (518) 457-5431 for Sales Tax.

THE REGISTRATION WILL BE MAILED TO THE APPLICANT ONCE THE APPLICATION HAS BEEN APPROVED AND PROCESSED.

THE REGISTRATION SHALL BE AFFIXED IN A CONSPICUOUS PLACE AT EACH BUSINESS LOCATION.

ALL FORMS ARE TO BE COMPLETED LEGIBLY IN BLUE OR BLACK INK OR TYPED