



OFFICE OF THE TOWN CLERK
KATE MURRAY
Town Clerk

One Washington Street Hempstead, NY 11550
Tel: (516) 812-3025 email: licensing@hempsteadny.gov

Office Use Only

Fee paid	_____
Date	_____
License #	_____
Issued	_____
Bond Exp.	_____

FIRST TIME **RENEWAL**

SECOND HAND DEALERS LICENSE

Check Circle to indicate type of license

General License (\$110) **Management (\$55)** **Exposition (\$55)**

Name of applicant: _____ Phone # _____ Email: _____

Address: _____ Town: _____

Exact location of business: _____ Phone # _____

• **CORPORATION, CO-PARTNERSHIP OR INDIVIDUAL USING A TRADE NAME** •

Corporation, or trade name: _____ Phone # _____

Main office: _____

Incorporated ? YES NO Date: / / State: _____

	Name	Address
Partner or President		
Partner or Vice President		
Partner or Secretary		
Partner or Treasurer		

Does any person other than listed above have any interest in this business ?

YES NO

CORPORATIONS

A corporation must furnish a photostatic copy of the filing receipt for the Certificate of Incorporation from the New York State Secretary of State. A corporation from outside New York State must furnish a photostatic copy of its application for authority to do business in New York State from the New York State Secretary of State. Some applications require proof of the election of the corporate officers, and in such cases, there must be a filed copy of the minutes of the corporation meeting electing directors and officers.

All Officers must be fingerprinted and also any stockholder of ten (10) percent or more of the stock.

INDIVIDUAL APPLICATION

Individuals operating under a trade name must present a certified copy of the trade name certificate in the County Clerk's Office.

PARTNERSHIP

A partnership conducting business whether or not under a trade name, must submit a certified copy of partnership certificate filed in The County Clerk's Office.

SURETY BOND

*Surety Bond in the Amount of Two thousand Dollars (\$2,000). **Made payable to the Town of Hempstead.***

If the applicant is a corporation state its principal place of business and the name and address of a person residing within the Town of Hempstead on whom papers may be served:

The applicant hereby states that no person have provided any funds for the organization or operation of this business except as stated in this application and if any such funds are hereafter obtained the Town of Hempstead is to be notified immediately: and in the event of a change informed forthwith or license may be revoked.

• THIS AFFIDAVIT MUST BE COMPLETED •

STATE OF NEW YORK)
COUNTY OF NASSAU) ss:

Being duly sworn deposes and says: that he is the applicant above named, that he has read the foregoing application for a license, and knows the contents thereof and that the same is true and his own knowledge, except as to the matters therein stated to be alleged upon information and belief and that as to those matters he believe to be true.

Sworn to before me this _____

Day of _____ 20____

Signature of Applicant