

FOR OFFICE
USE ONLY

CLASS

INIT

UNIQUE IDENTIFICATION NUMBER

FEE

Apartment Information Vendor/Apartment Sharing Agent Application

NYS Department of State
DIVISION OF LICENSING SERVICES
84 Holland Avenue
Albany, NY 12208-3490

PLEASE PRINT OR TYPE ALL RESPONSES IN INK

Application as:

- Apartment Information Vendor Apartment Sharing Agent

Check one that applies to the status of your business:

- Individual
- Branch Office (Your main office must be licensed)*
- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Partnership
- Trade Name

DO NOT WRITE IN THIS AREA
\$400
\$250
\$400
\$400
\$400
\$400
\$400

***PLEASE NOTE: If you are applying for a branch office license, please go directly to Attachment A.**

APPLICANT'S NAME LAST FIRST M.I. SUFFIX

HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

BUSINESS NAME

BUSINESS ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

DAYTIME TELEPHONE (if problem with application) SOCIAL SECURITY NUMBER OR FEDERAL TAXPAYER ID (SEE PRIVACY NOTIFICATION)

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1 Background Data —

- | | YES | NO |
|--|-------|-------|
| 1. Are you 18 years of age or older? | _____ | _____ |
| 2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony?
→ IF "YES," submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must provide a copy of same. | _____ | _____ |
| 3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
→ IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint). | _____ | _____ |

YES NO

4. Has any license or permit issued to you or a company in which you were a principal in New York State or elsewhere ever been revoked, suspended or denied? _____
- IF "YES," you must provide all relevant documents, including the agency determination, if any.

For questions 5-7 please answer only the statement which applies to your particular licensing status. (Please enclose a copy of the required certificate)

5. I own this business and the trade name certificate has been filed in the office of the County Clerk where the business is located. (Copy enclosed) _____
6. I am a member of this partnership and the Certificate of Partnership has been filed in the office of the County Clerk where the business is located. (Copy enclosed) _____
7. a. I am an officer of this corporation and the New York State Certification of Incorporation providing the power to engage in the business of Apartment Referral has been filed with the Department of State. (Copy enclosed) _____
- b. A statement listing the names, titles and home addresses of all officers is enclosed. _____
- c. A list of stockholders owning at least 10% of stock is enclosed _____

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- If you are applying as a **sole proprietor**, complete Items 2 and 3.
- If you are applying as a **corporation, partnership or limited liability company**, skip Item 2 and go directly to Item 3.
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2 Child Support Statement — *All sole proprietor applicants must complete this section. If you do not complete it, your application will be returned.*

"X" A or B, below

I, the undersigned, do hereby certify that (You must "X" A or B, below):

- A. I am not under obligation to pay child support. (SKIP "B" and go directly to **Applicant Affirmation**).
- B. I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):
- I do *not* owe four or more months of child support payments.
 - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
 - My child support obligation is the subject of a pending court proceeding.
 - I receive public assistance or supplemental social security income.

3 Applicant Affirmation

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Section 446-a(2) of the Real Property Law and the rules and regulations promulgated thereunder.

Applicant's Signature _____ *Date* _____



**Apartment Information Vendor/Apartment Sharing Agent
Branch Office Locations**

APPLICANT BUSINESS NAME (ENTER THE BUSINESS NAME, EXACTLY AS SHOWN ON APPLICATION PAGE 1)



Type or print below the complete address for each **BRANCH OFFICE LOCATION** for which you seek licensure, include the name and unique identification number of a licensed Apartment Information Vendor who will work or be employed at each location. You may photocopy this sheet as many times as needed to list every location. The header information and business name **MUST** be carried at the top of every page.

PLEASE NOTE: In order to operate a branch office, your main office must be licensed.

BUSINESS LOCATION
NUMBER AND STREET

CITY

COUNTY

STATE

ZIP+4

NAME OF LICENSED APARTMENT INFORMATION VENDOR

UNIQUE ID NUMBER

BUSINESS LOCATION
NUMBER AND STREET

CITY

COUNTY

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ZIP+4

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