



New York State
DEPARTMENT OF STATE
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001

Customer Service: (518) 474-4429
www.dos.ny.gov

Hearing Aid Business Application

Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a license or could result in the suspension or revocation, if one is issued

What is in this package?

This application package includes all the information and forms you will need to apply for registration as a hearing aid business. A completed application will include the completely filled out and signed application form, Attachment A *if you are requesting registration for multiple office locations*, and the appropriate fee (see below).

If the business is a trade name, a business certificate has to be filed in the county clerk's office where the business is located. If it is a partnership, a partnership certificate must be filed in the county clerk's office where the business is located. If it is a corporation, a certificate of incorporation must be filed with the New York State Department of State's Division of Corporations.

Who must apply for a business registration?

Registration is required for each permanent business location at which hearing aids are dispensed.

Business applications must be made by the business entity and signed by the sole proprietor if the business is owned and operated by an individual; by a trustee if the business is a trust; or by an officer or partner if the business is an association, corporation, partnership or limited liability company or limited liability partnership.

- **Please note that EACH business location that dispenses hearing aids must obtain a separate registration and employ at least one registered hearing aid dispenser at that location.**

What are the fees and terms of registration?

The registration fee depends on the number of employees: \$150 for each business location with 1-10 employees and \$200 for each business location with 11 or more employees.

The term of registration is two years.

- A separate registration will be issued for each business location at which hearing aid dispensing is performed. You must complete Attachment A to list each additional location, and then submit the appropriate fee.

What forms of payment are acceptable?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

Do I need to complete the Child Support Statement section of the application?

Yes, if you are applying as an individual (i.e., as a sole proprietor of a hearing aid dispensing business), a Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section — regardless of whether or not you have children or any support obligation.

Corporations, partnerships, trusts and limited liability companies or limited liability partnerships do not need to sign the Child Support Statement.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended. The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and federal ID numbers on the application?

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

OFFICE
USE ONLY

UNIQUE ID NUMBER

CLASS

FEE

NYS Department of State
DIVISION OF LICENSING SERVICES
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

HEARING AID BUSINESS APPLICATION

APPLICATION AS (Please check only the statement that applies to the status of your business):

- Individual Trade Name Corporation Partnership
- Limited Liability Company Limited Liability Partnership Not for Profit Corporation

Mark (✓) the selection that describes your business:

1. 1-10 employees. Fee due: \$150
2. 11 or more employees. Fee due: \$200

DO NOT WRITE IN THIS AREA
150
200

PLEASE PRINT OR TYPE

BUSINESS NAME _____

PRINCIPAL OFFICE ADDRESS _____ STREET ADDRESS (REQUIRED) _____ APT./SUITE NO. _____

CITY _____ STATE _____ ZIP + 4 _____ COUNTY _____

DAYTIME TELEPHONE NUMBER (IF PROBLEM WITH APPLICATION) _____ DATE OF INCORPORATION OR ORGANIZATION _____ FEDERAL ID NUMBER (SEE PRIVACY NOTIFICATION) _____

E-MAIL ADDRESS (IF ANY) _____

NAME OF REGISTERED HEARING AID DISPENSER (IF YOUR HEARING AID DISPENSER HAS NOT BEEN ISSUED A REGISTRATION, JUST PRINT NAME) _____ UNIQUE I.D. NUMBER _____

CORPORATION NAME (IF ANY) _____

Background

YES or NO

- 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. _____
- 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). _____
- Has any license or permit issued to you or a company in which you are or 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 4-9 please answer only the statement which applies to your particular licensing status.

Hearing Aid Business Application

YES or NO

- 4. **I am applying as a trade name.** I own this business and the trade name certificate has been filed in the office of the County Clerk where the business is located. **(By signing this application, you are certifying compliance with this requirement.)** _____
- 5. **I am applying as a corporation.** I am an officer of this corporation and the NYS Certificate of Incorporation providing the power to engage in the hearing aid business has been filed with the Department of State. (By signing this application, you are certifying compliance with this requirement.) _____
- 6. **I am applying as a partnership.** 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. (By signing this application, you are certifying compliance with this requirement.) _____
- 7. **I am applying as a limited liability company.** I am a member of this limited liability company and a copy of the articles of organization have been filed with the Department of State. (By signing this application, you are certifying compliance with this requirement.) _____
- 8. **I am applying as a limited liability partnership.** I am a member of this limited liability partnership and a copy of the articles of organization have been filed with the Department of State. (By signing this application, you are certifying compliance with this requirement.) _____
- 9. **I am applying as a not for profit corporation.** I am an officer of this not for profit corporation and the NYS Certificate of Incorporation providing the power to engage in the hearing aid business has been filed with the Department of State. (By signing this application, you are certifying compliance with this requirement.) _____
- 10. Have you ever been issued a Hearing Aid Dispenser Business Registration? _____
→ IF “YES,” If yes, provide the Unique ID Number _____

NOTE: I understand that no licensed business may engage in the dispensing of hearing aids unless such business employs at least one registered hearing aid dispenser at each business location to dispense hearing aids at that location [§790(5)(b)(ii), General Business Law].

1. Child Support Statement - *If you are applying as an individual or sole proprietor, you must complete this section. If you do not complete it, your application will not be processed. If you are applying as a corporation, partnership or limited liability company, skip to the applicant affirmation below.*

“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 by the parties.
 - My child support obligation is the subject of a pending court proceeding.
 - I receive public assistance or supplemental social security income.

2. Applicant Affirmation - *(This application must be completed and signed by the principal owner or officer of the business)*

I affirm that I have read and understand the provisions of Article 37-A of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Worker’s Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license if issued.

Applicant’s Signature _____

Print Name _____

Applicant’s Title _____

box if Attachment A is included (to register branch or other office locations).

Please remember to submit as many copies of Attachment A as needed to register each branch or office location and the correct application fee (\$150 for each place of business with 1-10 employees and \$200 for each place of business with 11 or more employees).

Number of locations with 1-10 employees _____ x \$150 = _____

Number of locations with 11+ employees _____ x \$200 = _____

Total Enclosed _____

A \$20 fee will be charged for any check returned by your bank.

It is important that you notify this division of any changes to your business address
so that you can receive renewal notices and any other
notifications pertinent to your license.



Hearing Aid Business Application
Branch or Additional 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.

NOTE: No business may engage in the dispensing of hearing aids unless such organization employs at least one registered hearing aid dispenser at each business location who regularly dispenses hearing aids at that location [§790(5)(b)(ii), General Business Law].

BUSINESS LOCATION NUMBER AND STREET		NUMBER OF EMPLOYEES AT LOCATION	APPLICATION FEE	DO NOT WRITE BELOW
_____		<input type="checkbox"/> 1-10	— \$150	150
CITY	STATE	ZIP+4		
COUNTY		<input type="checkbox"/> 11+	— \$200	200
NAME OF REGISTERED HEARING AID DISPENSER (If your hearing aid dispenser has not been issued a registration, just print name)		UNIQUE ID NUMBER		
_____		_____		
BUSINESS LOCATION NUMBER AND STREET		NUMBER OF EMPLOYEES AT LOCATION	APPLICATION FEE	DO NOT WRITE BELOW
_____		<input type="checkbox"/> 1-10	— \$150	150
CITY	STATE	ZIP+4		
COUNTY		<input type="checkbox"/> 11+	— \$200	200
NAME OF REGISTERED HEARING AID DISPENSER (If your hearing aid dispenser has not been issued a registration, just print name)		UNIQUE ID NUMBER		
_____		_____		
BUSINESS LOCATION NUMBER AND STREET		NUMBER OF EMPLOYEES AT LOCATION	APPLICATION FEE	DO NOT WRITE BELOW
_____		<input type="checkbox"/> 1-10	— \$150	150
CITY	STATE	ZIP+4		
COUNTY		<input type="checkbox"/> 11+	— \$200	200
NAME OF REGISTERED HEARING AID DISPENSER (If your hearing aid dispenser has not been issued a registration, just print name)		UNIQUE ID NUMBER		
_____		_____		



Hearing Aid Business Application
Principal Owner and/or Officers Information

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

Type or print below the names and addresses of the principal owner or manager of the business and if such owner is a corporation, the names and titles of the corporate officers; if a partnership, the name and title of the general partners; if a limited liability company, the name of the members or managers; if a limited partnership, the names of the partners; if a trust, the name of the trustee; if an association, the principal officers. You may photocopy this sheet as many times as needed. The header information and business name MUST be carried at the top of every page.

PRINCIPAL OWNER/MANAGER

RESIDENCE ADDRESS (NUMBER AND STREET REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

OFFICER

TITLE

OFFICER

TITLE

OFFICER

TITLE

OFFICER

TITLE

OFFICER

TITLE