



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 completed and signed application. *If you are requesting registration for multiple office locations, you must complete a separate application and submit the appropriate application fee for each additional office location.*

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.**

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.

Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation.

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, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

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.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

OFFICE
USE ONLY

UNIQUE ID NUMBER

CLASS

FEE



Division of Licensing Services

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

I am applying: (Please check only one)

As the principal/owner/partner,

I affirm the below business is filed with the

Office of the County Clerk

Trade Name

(Conducts business as a sole proprietorship, doing business as a name other than his or her own name).

Partnership

(Conducts business under the partnership name only).

As the principal/member/officer,

I affirm the below business is filed with the

Division of Corporations

Limited Liability Company or Limited Partnership

(Conducts business under a Limited Liability Company, Limited Partnership or Assumed Name).

Corporation (if this is a Not-for-Profit check box below)

(Conducts business under the corporate name or assumed name)

Not-for-Profit

OR

Individual (Conducts business using his or her personal name only).

Mark (✓) the selection that describes your business:

1-10 employees. Fee due: \$150

11 or more employees. Fee due: \$200

PLEASE PRINT OR TYPE

BUSINESS INFORMATION

* REQUIRED

BUSINESS NAME *

OFFICE
ADDRESS

STREET ADDRESS *

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 *

UNIQUE I.D. 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].

PLEASE PRINT OR TYPE

APPLICANT INFORMATION

* REQUIRED

APPLICANT'S NAME *

LAST NAME

FIRST NAME

MI

SUFFIX

HOME
ADDRESS

STREET ADDRESS* (PHYSICAL ADDRESS REQUIRED)

APT./SUITE NO.

CITY *

STATE *

ZIP + 4 *

COUNTY *

HEARING AID BUSINESS APPLICATION

Background

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of a crime that is a misdemeanor or a felony?
→ IF “YES,” submit a written explanation and provide a copy of the court records detailing the allegations of the offense and how the case was resolved. If you received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application. | YES | NO |
| 2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court?
→ IF “YES,” you must submit a written explanation and provide a copy of the court records detailing the allegations of the offense. | YES | NO |
| 3. Has any license or permit issued to you or a company in which you are or were a principal ever been revoked, suspended or denied? | YES | NO |
| 4. Have you ever been issued a Hearing Aid Dispenser Business Registration?
→ IF “YES,” provide the Unique ID Number _____ | YES | NO |

PRINCIPAL OWNER AND/OR OFFICERS INFORMATION

Type or print below if the business 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 page as many times as needed.

OFFICER NAME

TITLE

HEARING AID BUSINESS APPLICATION

Child Support Statement

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

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 _____ Date _____

Print Name _____

Applicant's Title _____

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

A COMPLETED APPLICATION MUST INCLUDE:

(Use this checklist to ensure you have included/completed all requirements)

You must complete all required * responses.

If you do not complete all required responses, your application will be returned.

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You must check one box to indicate the type of license you are applying for.

Business Information:

Complete "Business Information" required (*) responses.

Business Name: Clearly print or type the business name under which you will conduct business (as it appears on the filing receipt or business certificate).

Individual applicants should complete this section with first name; m.i; last name (if applicable).

Business Address: All applicants **MUST** provide a business address.

Registered Hearing Aid Dispenser: Provide the name and UID/license number of the registered hearing aid dispenser.

Applicant Information:

Complete "Applicant Information" required (*) responses.

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Background Questions: If you answered YES to questions 1, 2 or 3:

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Question #1 - court documentation which **MUST** be submitted: A copy of the certificate of disposition from the court **AND** a copy of the accusatory instrument * from the court.

Question #2 - court documentation which **MUST** be submitted: A copy of the accusatory instrument * from the court **AND** adjournment notice(s) indicating future court date(s) from the court.

Question #3 - you must provide all relevant documents, including the agency determination, (if any).

* An accusatory instrument is a document that is used by prosecutors and the criminal courts to charge and prosecute someone accused of a crime(s) and details the facts and circumstances surrounding the crime(s). This could be an Indictment, Superior Court Information, Criminal Complaint, etc.

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Child Support Statement: (Please read Applicant Affirmation)

Applicant Affirmation:

Print and sign your name and date the application.

Application fee

\$150 for 1-10 employees or \$200 for 11 or more employees payable to the NYS Department of State. (see instructions for acceptable payment methods).

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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*Sign

*Date