



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

Ticket Reseller Branch Office Application

Please take the time to read the instructions 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.

When would I file a Ticket Reseller Branch Office application?

You would file a Ticket Reseller Branch Office application only if you are a licensed Ticket Reseller who wishes to maintain a branch office in addition to your principal place of business.

Do I need a bond for my branch office?

Each branch office must have its own \$25,000 bond with the Power of Attorney. The bond and branch office application must be signed by the contact person who has ownership in the company.

Where will a branch office license be mailed to?

Branch office licenses are mailed to the branch office address.

What is the application fee and terms of licensure?

The nonrefundable application fee is \$5,000. Each license is for one year with the term beginning January 1 and ending December 31. **Please note: If you apply within the one year cycle, your license will expire on December 31.**

What forms of payment do you accept?

You may pay by Money Order, Company Checks or Cashier's Checks made payable to the Department of State or charge the fee to MasterCard or Visa using a credit card authorization form. If payment is being made by **credit card**, a *separate* credit card authorization must be submitted for each application. **DO NOT SEND CASH OR PERSONAL CHECKS.** Application fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

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 Commission 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 state 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 Direction of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

(For Office Use Only)

UNIQUE ID NUMBER
79 _____

EFF. DATE

CASH NUMBER

FEE
\$5,000



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Read the Instruction Sheet for details before completing this application form. You must answer each question and TYPE or PRINT responses in ink.

BUSINESS NAME OF PRINCIPAL OFFICE

UNIQUE ID NUMBER OF PRINCIPAL OFFICE

BUSINESS ADDRESS OF PRINCIPAL OFFICE - NUMBER AND STREET (REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

FEDERAL TAXPAYER ID NUMBER (SEE PRIVACY NOTIFICATION)

BUSINESS PHONE NUMBER

EMAIL ADDRESS (IF ANY)

CONTACT PERSON

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

CITY STATE ZIP+4 COUNTY

BRANCH OFFICE ADDRESS FOR WHICH THIS APPLICATION IS MADE - NUMBER AND STREET (REQUIRED, PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY STATE ZIP+4 COUNTY

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 Article 25 of the Arts and Cultural Affairs Law and the rules and regulations promulgated thereunder.

Applicant's Signature

X _____ *Date*

Please remember to include with this application the surety bond and any required documentation, along with your application fee made payable to NYS Department of State.

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

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 MM / DD / YYYY *Gender M F

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