



Ticket Reseller 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 package includes everything you need to apply for a license as a Ticket Reseller in New York State.

A completed application will include the signed application, the \$5,000 nonrefundable application fee, the bond in the amount of \$25,000 and any other requested documentation.

What is a Ticket Reseller?

A Ticket Reseller is any person, firm or corporation who resells or engages in the business of reselling any tickets to a place of entertainment or who operates an internet website or any other electronic service that provides a mechanism for two or more parties to participate in a resale transaction or that facilitates resale transactions by the means of an auction, or who owns, conducts or maintains any office, branch office, bureau, agency or sub-agency for such business.

“Entertainment” means all forms of entertainment including, but not limited to, theatrical or operatic performances, concerts, motion pictures, all forms of entertainment at fair grounds, amusement parks and all types of athletic competitions including football, basketball, baseball, boxing, tennis, hockey, and any other sport, and all other forms of diversion, recreation or show.

Who is the Contact Person?

A “contact person” is any individual who has ownership in the ticket reseller business. This person indicates their name and home address on the application. They sign the application affirmation and also the appropriate section of the bond. If a branch office will have a different contact person who also has ownership in the business, then that person must sign the branch office application and bond.

Who is exempt for licensure?

A “Not-for-profit” organization as described in Section 25.03(4) of Article 25 of the Arts and Cultural Affairs law. Any operator or manager of a website that serves as a platform

to facilitate resale, or resale by way of a competitive bidding process, solely between third parties and does not in any other manner engage in resales of tickets to places of entertainment.

What is the application fee and terms of licensure?

The nonrefundable application fee for a Ticket Reseller 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.

Can I be waived from the application fee?

A business that provides a service to facilitate ticket transactions without charging any fees, surcharges or service charges above the established price, on every transaction, except a reasonable and actual charge for the delivery of tickets, shall have the ticket reseller application fee waived. See Section 25.03(2) for the definition of “established price.”

A signed statement must be submitted with the ticket reseller application indicating that, “In accordance with Section 25.13(2) of the Arts and Cultural Affairs law, I am applying for a ticket reseller license and I meet the qualifications for having the application fee waived.”

What forms of payment do you accept?

You may pay by Money Order, Company Check or Cashier's Check 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.

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 license suspended.** The intentional submission of a false written statement for the purpose of frustration or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E

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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 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.

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.

UNIQUE ID NUMBER _____

EFF. DATE _____

CASH NUMBER _____

FEE
\$5,000



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

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

Application as (Check One): Individual Trade Name Corporation
 Limited Partnership Partnership Limited Liability Company Limited Liability Partnership

BUSINESS NAME _____

BUSINESS ADDRESS - 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

YES or NO

1. I have attached proof of bonding in the amount of \$25,000. _____
2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony?
» IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense sentence and/or other disposition. You must submit 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 submit a copy with this application. _____
3. Are there any criminal charges (misdemeanor or felonies) pending against you in any court in this state or elsewhere?
» IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint.) _____
4. 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 5 - 8 please answer only the statement which applies to your particular licensing status.

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. **(By signing this application, you are certifying compliance with this requirement.)** _____

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YES or NO

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 or with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** _____
7. a. I am an officer of this corporation and the New York State Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** _____
7. b. I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** _____
8. I am a (member) (manager) of this Limited Liability Company, and a copy of the Articles of Organization has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** _____

If you are applying as an individual or sole proprietor, complete items 1 and 2 below.

If you are applying as a corporation, partnership, or limited liability company, skip item 1 and go directly to item 2.

1. 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.

2. Applicant Affirmation - I 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. 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

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 ____/____/____ *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