



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Appearance Enhancement
P.O. BOX 22049
Albany, NY 12201-2049
Customer Service: (518) 474-4429
www.dos.ny.gov

Appearance Enhancement Business Assignment Form

INSTRUCTIONS: Use this form to report an assignment (transfer/sale) of an appearance enhancement business that is a partnership, limited liability company, or a corporation. This form should be used to report the name of the new owner/license holder of the business pursuant to New York General Business Law Sec. 408(3).

A license may be assigned upon the consent of all members of a partnership or a majority of the voting members of a limited liability company or the majority shareholders of a corporation, respectively. **The existing license will be valid for the remainder of the original license term.**

DO NOT USE THIS FORM TO REPORT A CHANGE OF BUSINESS ADDRESS, OR CHANGE IN BUSINESS TYPE.

Additional requirements to complete assignment:

- Submit evidence of the new liability insurance and wage bond (if applicable) for purchaser;
- Submit meeting minutes approving assignment and/or other evidence proving consent members/shareholders;
- Create and provide your NY.Gov USERID for purchaser to allow access to your online account. (For further information, please visit www.dos.ny.gov/licensing.);
- Submit a nonrefundable \$65 application fee with this application; \$5 for assignment and \$60 for new license fee.

Section I – Seller’s Information:

UID/LICENSE NUMBER OF BUSINESS MAKING SALE
BUSINESS NAME ON SELLER’S LICENSE
INDIVIDUAL NAME ON SELLER’S LICENSE (PRINT)
I, having authority to act on behalf of above referenced business, affirm that the above listed appearance enhancement business has assigned the business license to the new owner listed in Section II of this form.
X
SIGNATURE _____ DATE _____

Section II – Purchaser’s Information:

NAME OF BUSINESS MAKING PURCHASE	
NAME BUSINESS WILL BE CONDUCTED UNDER (will be printed on license)	
BUSINESS EMAIL ADDRESS (will be used for official correspondence)	BUSINESS FEIN NUMBER
BUSINESS MAILING ADDRESS (If different from where business will be conducted)	NY GOV USER ID

Section II continued on next page

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Section II – Purchaser’s Information (continued) – Identification of Individual Responsible for Business

First Name	Last Name	Middle Name	Suffix	
Home Address (provide street number and street name)			Suite, Apt., Unit	
City	State	Zip+4	County	Country
Date of Birth		Social Security Number*		
Home Phone Number		Mobile Phone Number		

*See privacy statement, www.dos.ny.gov/licensing

Child Support Statement (For Purchaser)

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.

Purchaser’s Affirmation – *Signature of individual responsible for business is required below.*

I affirm that I have read and understand the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR Part 160). I further affirm that Workers’ 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.

NAIL SPECIALTY PROVIDER AFFIRMATION - *If you are purchasing a business which provides nail specialty services, please read the following affirmation carefully.*

In addition to the foregoing, I affirm that I am aware of the ventilation requirements set forth in Section 160.16 which include requirements for exhaust inlets at each manicure and pedicure station.

X

PURCHASER’S SIGNATURE

DATE

A completed submission must include: *(Use this checklist to make sure you have included/completed all requirements.)*

- This completed assignment form, signed by both seller and purchaser;
- Proof of assignment (e.g., documents evidencing consent of all members of a partnership or a majority of the voting members of a limited liability company or the majority shareholders of a corporation);
- \$65 non-refundable application fee payable to the NYS Department of State;
- Purchaser’s proof of insurance (i.e., liability coverage of at least \$25,000 per individual occurrence and \$75,000 in the aggregate);
- Purchaser’s wage bond, if applicable.