



# Division of Licensing Services

New York State  
**Department of State**  
**Division of Licensing Services**  
 P.O. Box 22001  
 Albany, NY 12201-2001  
 Phone: (518) 474-4073  
 www.dos.ny.gov

## Renewal of Retailer Certification

**Instructions:** Complete all parts of this application by checking the applicable box(es) and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit, with \$200.00 fee, to the above address. Provide current information in this application. If any information provided in this application differs from the information provided in your application for initial certification, check this box  and describe the change(s) in an attached sheet.

**Applicant's Information** Check applicable box: Applicant is a:  Individual  Trade Name  General Partnership  
 Corporation  LLC  LP  LLP

Applicant's Name:	Applicant's Certification No.
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DBA (if any):	Telephone: (    )
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Street Address:	Fax: (    )
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City, State, Zip:	Email:
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Mailing Address if different than above:

Location of retail sales lot this application applies to, if different than above:

Individuals listed below have certification as a Limited Retailer and are in the employ of the applicant.

Name	Certification No.	Certification Expiration Date

If Applicant is an Individual indicate completed continuing education as required

Course Name	Course Location (County)	Course Completion Date

Financial Security in the form of  Surety Bond  Deposit Account Control Agreement  Letter of Credit in the amount of \$25,000 satisfying the requirements of 19 NYCRR 1210.05(a) remains in effect.

**If you are applying other than as an individual, please answer only the below statement which applies to your particular licensing status.**

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.)**  YES  NO

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.)**  YES  NO

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.)**  YES  NO

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.)**  YES  NO

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.)**  YES  NO

**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.

I affirm that I have read and understand the provisions of Article 21-B of the Executive Law and the rules and regulations promulgated thereunder. 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.

Signature of Applicant or Authorized Representative	Date:
Printed Name of Applicant or Authorized Representative	Title