

## Home Improvement Sales Person License (New York)

Please complete the requested information below for your Home Improvement Sales Person License. Infotax Square representative will begin processing your order upon receipt of payment.

### PERSONAL INFORMATION

First, Middle, Last Name: \_\_\_\_\_

Social Security Number  
or Employer ID Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is the above your mailing address:  Yes  No (If No, please provide your mailing address below):

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### BUSINESS OVERVIEW

Entity Name: \_\_\_\_\_

Date of Formation: \_\_\_\_\_

(mm/dd/yyyy)

State of Formation: \_\_\_\_\_

Entity Address:  
(if different from above) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Are you self-employed?  YES  NO
2. Are you currently or about to be employed in the trade for which you are now seeking a license? If "YES", complete below:  YES  NO

Name of Employer: \_\_\_\_\_

Employer's Department of Consumer Affairs license number, if any: \_\_\_\_\_

If your employer is a business that requires a DCA license, it is in your best interest to make sure your employer's license is current.

Employer's Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

- Have you ever been licensed by the New York City Department of Consumer Affairs (DCA)?  YES  NO
- Have you ever had a DCA license denied, suspended, or revoked. If YES, provide the license number(s) involved: \_\_\_\_\_  YES  NO
- Have you been found guilty or pending charges against any crime or offense  YES  NO
- Is there any civil charge (including an administrative charge) pending against you that relates to a business your engaged in?  YES  NO

**ORDER INFORMATION**

Total Amount:	
---------------	--

**CARDHOLDER INFORMATION**

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>
- CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type:  Visa  Master Card  American Express  Discover

First Last Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone, Fax: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Country: \_\_\_\_\_



General Comments / Instructions:

**TERMS OF USE AGREEMENT & DISCLAIMER ( Click Here For Online )**

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

**Free Consultation**  
**+1 (866)754 4460**

\_\_\_\_\_  
 Name / Signature

Official Use Only	Prepared by: _____
	<input type="text"/> <input type="text"/>

**\*Important: Please save the form before submitting**

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.  
 You may also email your questions to [info@infotaxsquare.com](mailto:info@infotaxsquare.com) or take advantage of our Live Chat option. Live Chat available 24/7