

Business Entity: _____

Account Manager: _____

Phone Number: _____

Email Address: _____

ADDITIONAL SERVICES

License Filings

We help you secure and maintain all required business licenses, permits, and tax registrations.

Starting at \$119 per license, per jurisdiction

Whether your business operates as a multi-state operation or in a single location, our professionals:

- guide you through the entire licensing process and determine what corporate and legal documents you need to submit
- complete and submit the application forms to the right licensing authority
- work with you and the authority to achieve fast results

License Compliance with

We manage your entire licensing portfolio.

Starting at \$99 per year

Multi-state operations are faced with managing numerous licenses with varying renewal dates and fees. We will maintain your license information, supporting documents, and renewal dates in our secure, web-based Client License information Center—CLiC.

As a client, you can:

- log in and view all licenses that your business currently holds
- receive all renewal notices via email
- view all renewal and state fees for budgeting and forecasting
- access all relevant corporate documents and filed applications

License Verification

Verify that all your existing business licenses are valid.

\$35 per license, per jurisdiction

We help your business avoid unnecessary fines or penalties. Our professionals:

- verify if your current licenses are in good standing
- identify and remind you of renewal dates

Jurisdiction:	License:	Application:

WHAT’S NEXT?

For any of these licenses, LicenseLogix will prepare and file your application, and follow up with the authorities until it is issued. To get started right away, contact your account manager or order directly through www.licenselogix.com

Please consult an attorney if you are unsure whether these licenses best fit your needs. LicenseLogix is not a law firm, and neither LicenseLogix nor any of its employees provide legal services or advice. The information provided within this packet is not legal advice, but general license research regarding the requirements for a specified business. For complete policies, please review our Terms of Use and Privacy Policy on our website: www.licenselogix.com

Jurisdiction: _____

License: _____

Application: _____

Submit completed application, fee, and supporting documentation to:

Notes:

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
	7a Name of responsible party	7b SSN, ITIN, or EIN
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8b If 8a is "Yes," enter the number of LLC members ▶	
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.	
<div><input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶</div> <div><input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶</div>		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<div><input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶</div>		
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
<div>AgriculturalHouseholdOther</div>		
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check one box that best describes the principal activity of your business.		
<div><input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify)</div>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()
Signature ▶		Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 1-2010)

Jurisdiction: _____

License: _____

Application: _____

Submit completed application, fee, and supporting documentation to:

Notes:

CERTIFICATE OF INCORPORATION OF

(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is:

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is:

FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 200 No Par Value

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

Incorporator Information Required

X

(Signature)

(Type or Print Name)

(Address)

(City, State, Zip Code)

CERTIFICATE OF INCORPORATION OF

(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

Filed by:

(Name)

(Mailing Address)

(City, State and Zip Code)

Note: This form was prepared by the New York State Department of State for filing a certificate of incorporation for a business corporation. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The fee for a certificate of incorporation is \$125 plus the applicable tax on shares required by Section 180 of the Tax Law. The minimum tax on shares is \$10. The tax on 200 no par value shares is \$10 (total \$135). Checks should be made payable to the Department of State for the total amount of the filing fee and tax.

For DOS use only

Jurisdiction: _____

License: _____

Application: _____

Submit completed application, fee, and supporting documentation to:

Notes:

Jurisdiction: _____

License: _____

Application: _____

Submit completed application, fee, and supporting documentation to:

Notes:

New York State Employer Registration for Unemployment Insurance, Withholding, and Wage Reporting

You may apply online at www.labor.ny.gov.

For office use only:
U.I. Employer Registration No.

Return completed form (type or print in ink) to the
address above, or fax to (518) 485-8010, or complete
the online registration at www.labor.ny.gov

Need Help? Call 1-888-899-8810

Do Not use this form to register a Nonprofit IRC 501 (c) (3), Agricultural, Governmental Employer, or Indian Tribe.
Call 1-888-899-8810 to request applicable form or visit www.labor.ny.gov.

Part A – Employer Information

1. Type (check one): ☐ Business (complete parts A, B, D, and E)
☐ Household Employer of Domestic Services (complete A, C, D, and E-1)
2. Legal entity (check one – do not complete if household employer):
☐ Corporation (includes Sub-Chapter S) ☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP)
☐ Sole Proprietorship ☐ Partnership ☐ Other (please describe): _____
3. FEIN (Federal Employer Identification Number): -
4. Phone no.: () - 5. Fax no.: () -
6. Legal name of business: _____
7. Trade name (doing business as), if any: _____
8. Business e-mail: _____ 9. Website: _____

Part B – Business Employer

1. Enter date of **first** operations in New York State: / / (mm/dd/yyyy)
2. Enter the date of the **first** payroll from which you withheld or will withhold NYS Income Tax from your employees' pay: / / (mm/dd/yyyy)
3. a. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total remuneration of **\$300** or more.
(Remuneration is every form of compensation, including payments to employees or to corporate and Sub-Chapter S officers for services.)
☐ Jan 1 – Mar 31 (1st) ☐ Apr 1 – Jun 30 (2nd) ☐ Jul 1 – Sep 30 (3rd) ☐ Oct 1 – Dec 31 (4th) Tax Year
- b. Are you registering to remit withholding tax **only**? ☐ Yes ☐ No
4. Total number of employees: _____
5. Do persons work for you, whom you do not consider employees? ☐ Yes* ☐ No
* If Yes, explain the services performed and the reason you do not consider these persons employees.

7. Have you changed legal entity? ☐ Yes* ☐ No

* If Yes, date of legal entity change: / (mm/dd/yyyy)

Previous employer's: Registration number: - FEIN: -

1. Indicate the first calendar quarter and enter the year you paid (or expect to pay) total cash wages of **\$500** or more:
☐ Jan 1 – Mar 31 (1st) ☐ Apr 1 – Jun 30 (2nd) ☐ Jul 1 – Sep 30 (3rd) ☐ Oct 1 – Dec 31 (4th) Tax Year

2. Enter the total number of persons employed in your home: _____

3. Will you withhold New York State income tax from these employees? ☐ Yes ☐ No

- 1. Mailing Address:** This is your business mailing address where your Withholding Tax (WT) and Unemployment Insurance (UI) mail will be delivered. However, if you elect to have your UI mail directed to an address other than your place of business, complete number 4 below.
Street or PO Box: _____
City: _____ State: _____ ZIP Code: _____
- 2. Physical Address:** This is the **physical** location of your business, *if* different from the Mailing Address in number 1.
Street: _____
City: _____ State: _____ ZIP Code: _____
- 3. Location of Books/Records:** This is the **physical** location where your Books and Records are maintained.
Street: _____
City: _____ State: _____ ZIP Code: _____

4. **Agent Address (C/O):** Complete this if your UI mail should be sent to an address other than your business address.

C/O: _____

Street or PO Box: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () - ext: _____

5. **LO 400 Form - Notice of Entitlement and Potential Charges Address:** If completed, this is where the LO 400 will be directed. (It is mailed each time a former employee files a claim for Unemployment Insurance benefits.)

C/O: _____

Street or PO Box: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () - ext: _____

Part E – Business Information

1. Complete the following for **sole proprietor (owner), household employer of domestic services, all partners, including partners of LP, LLP or RLLP, all members of LLC or PLLC, and corporate officers (President, Vice President, etc.)**, whether or not remuneration is received or services are performed in New York State.

Name	Social Security Number	Title	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please enter the number of physical locations at which your company operates in NYS: _____. You **MUST** list the physical address and answer questions A through E below, for each location. Use a separate sheet of paper for each.

a. Location: _____
 Number and Street City or Town County Zip Code

b. Approximately how many persons do you employ there? _____

c. Check the principal activity at the above location:

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Scientific/professional & technical services
<input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Computer services	<input type="checkbox"/> Finance & insurance
<input type="checkbox"/> Retail trade	<input type="checkbox"/> Educational services	<input type="checkbox"/> Arts, entertainment & recreation
<input type="checkbox"/> Construction	<input type="checkbox"/> Health & social assistance	<input type="checkbox"/> Food service, drinking & accommodations
<input type="checkbox"/> Warehousing	<input type="checkbox"/> Real estate	<input type="checkbox"/> Corporate, subsidiary managing office
<input type="checkbox"/> Other (Please specify): _____		

d. If you are primarily engaged in manufacturing, complete the following:

Principal Products Produced	Percent of Total Sales Value	Principal Raw Materials Used
-----------------------------	------------------------------	------------------------------

e. If your principal activity is not manufacturing, indicate products sold or services rendered:

Type of Establishment	Principal Product Sold or Service Rendered	Percent of Total Revenue
-----------------------	--------------------------------------------	--------------------------

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

X _____ /_____
 Signature of Officer, Partner, Proprietor, Member or Individual (mm/dd/yyyy)

_____ Phone no.: (____)____ - _____
 Official Position

Jurisdiction: _____

License: _____

Application: _____

Submit completed application, fee, and supporting documentation to:

Notes:

FOR OFFICE
USE ONLY

UNIQUE ID NUMBER

CASH NUMBER

FEE

\$60

NYS Department of State
DIVISION OF LICENSING SERVICES
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Appearance Enhancement Business or Area Renter Application

Read the instructions before completing this application. You must answer each question and PRINT responses in ink.

➡ I am applying for licensure as **(CHECK ONE)** ☐ Business ☐ Area Renter (must answer Question 6)

A APPLICANT'S NAME (LAST, FIRST, MI, SUFFIX)

B APPLICANT'S HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY

STATE

ZIP+4

COUNTY

SOCIAL SECURITY NUMBER AND/OR FEDERAL TAXPAYER ID (SEE PRIVACY NOTIFICATION)

C BUSINESS NAME—REFER TO THE TABLE ON PAGE 2 OF THE INSTRUCTIONS BEFORE COMPLETING THIS ITEM.
AREA RENTER APPLICANTS—ENTER THE NAME OF THE SHOP IN WHICH YOU WILL RENT SPACE

D BUSINESS ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY

STATE

ZIP+4

COUNTY

DAYTIME PHONE (if problem with application)

E-MAIL ADDRESS (IF ANY)

()

Background Data

ALL APPLICANTS MUST ANSWER QUESTIONS 1-5

- | | YES | or | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-------|
| 1. What is your date of birth? _____ | | | |
| 2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony?
➔ IF "YES," submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide 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 provide a copy of same. | _____ | | _____ |
| 3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
➔ IF "YES," you must provide 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. | _____ | | _____ |
| 5. Do you have a bond or professional liability insurance, as required by law? | _____ | | _____ |

AREA RENTER APPLICANTS ONLY MUST ANSWER QUESTION 6

6. What is your operator license Unique ID Number? UID # _____

For questions 7-11 please answer only the statement which applies to your particular licensing status.

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 7. 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. | _____ | _____ |
| 8. 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. By signing this application, you are certifying compliance with this requirement. | _____ | _____ |
| 9. I am a partner of this limited partnership and the Certificate of Limited Partnership has been filed with the NYS Department of State, Division of Corporations. By signing this application, you are certifying compliance with this requirement. | _____ | _____ |

Appearance Enhancement Business or Area Renter Application

10. 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.** _____
- 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.** _____
11. I am a (member) (manager) of this Limited Liability Company, and a copy of the filing receipt 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 3 below.
- If you are applying as an **Area Renter**, complete Items 1, 2 and 3, below.

1. Child Support Statement — *If you are applying as an individual or sole proprietor, you must complete this section. If you do not complete it, your application will be returned.*

“X” A or B, below

I, the undersigned, do hereby certify that (You must “X” A or B, below):

- A. ☐ I am not under obligation to pay child support. (SKIP “B” and go directly to **Applicant Affirmation**).
- B. ☐ I am under obligation to pay child support (You must “X” any of the four statements below that are true and apply to you):
- ☐ I do *not* owe four or more months of child support payments.
 - ☐ I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
 - ☐ My child support obligation is the subject of a pending court proceeding.
 - ☐ I receive public assistance or supplemental social security income.

2. Area Renter Affirmation — *If you are applying as an area renter, the business owner must complete item 3 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). 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 **X** _____
(Area Renter)

Date _____

Print Name _____

3. Shop Owner Affirmation — *Signature of the business owner is required below if you are either renting an area to someone OR applying for a business license.*

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). 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 **X** _____
(Business Owner)

Date _____

Print Name _____

Business Owner’s Telephone Number _____

Shop License Unique ID Number _____

Please remember to include with this application any required explanations or statements along with your application fee (payable to NYS Department of State).

If you wish to pay by credit card, please visit our website at www.dos.ny.gov to obtain a credit card authorization form to complete and return with this application.

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

Please select the licenses you would like us to complete.

Return via fax or email and your dedicated account manager will begin:

- ✓ Contact you for additional information
- ✓ Prepare all the required applications
- ✓ Assemble all supporting documents
- ✓ File with the appropriate authority
- ✓ Follow up with the issuing authority on your behalf
- ✓ Confirm the license has been issued

Jurisdiction	License Type	LLX Service Fee
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Service Agreement Acceptance:

_____ has reviewed this Service Agreement with regard to content and pricing, including any special offers made by LicenseLogix, LLC. I accept this Service Agreement on behalf of _____ and direct LicenseLogix to begin with the **License Filings** as soon as possible. If, for any reason, this agreement is cancelled, services rendered in relation to this Proposal will be billed at cost for work done to date.

By signing below, you hereby; (i) agree that you have read and understand, and agree to be bound by, LicenseLogix, LLC's [Terms of Use](#); (ii) expressly authorize LicenseLogix, LLC to affix your electronic signature to documents as necessary to permit LicenseLogix, LLC to fulfill its obligations under any agreement between you and LicenseLogix, LLC; (iii) acknowledge and agree that LicenseLogix, LLC is not a law firm, and that neither LicenseLogix, LLC, nor any of its employees or agents, has provided you with legal services or legal advice.

By: _____ Date: _____