

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

Denis J McElligott, Commissioner

Department of Consumer Affairs

STATE OF NEW YORK }
COUNTY OF SUFFOLK } SS.: \_\_\_\_\_ AFFIRMATION

- 1. I hereby make application and request that I be granted permission to shelve my OCCUPATIONAL LICENSE.
2. I hereby submit my identification card and agree to pay the fee of One Hundred (\$100.00) dollars (\$50.00 per annum) for the privilege of shelving my license for a two year period.
3. I hereby acknowledge that I have been advised and am fully aware that while my license # \_\_\_\_\_ is shelved, that no further work can be performed by me.
4. I further certify that any work done by me in the future will only be done after I first secure a valid license in accordance with the Suffolk County Code.
5. I hereby acknowledge that I have been advised that I may cancel my insurance when my license is shelved, but must immediately reinstate the insurance in the currently required amounts, and provide a new insurance certificate to the Suffolk County Department of Consumer Affairs when I wish to become active again in the trade.
6. I certify that all my business obligations have been fulfilled.

\_\_\_\_\_
Print Name

\_\_\_\_\_
Street Address

\_\_\_\_\_
City & State Zip Code

AFFIRMATION (To be completed by applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION THEREWITH.

Signed \_\_\_\_\_ Date \_\_\_\_\_