

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

Denis J McElligott, Commissioner

Department of Consumer Affairs

REQUEST FOR OCCUPATIONAL LICENSE ACTIVATION

1. I acknowledge that my Occupational License # _____ expired on _____.
2. I hereby make application to renew my Occupational License # _____.
3. I hereby request that the Suffolk County Department of Consumer Affairs waive its right to have me submit a new application for an Occupational License.
4. I hereby acknowledge that License # _____ will expire on _____.
5. In accordance with Suffolk County Code, I agree to pay the sum of one hundred dollars (\$100.00) to the Suffolk County Department of Consumer Affairs as an application fee for the re-issuance of the original License # _____.
6. I agree to submit a current Certificate of Insurance.

Licensee

Dated: _____