

APPLICATION FOR FOOD SALVAGER LICENSE

NYS Department of Agriculture and Markets - Article 17-B

(Office Use Only)
County Code - Est. No:

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Entity No. _____
 Receipt No. _____
 Certificate No. _____

INSTRUCTIONS

APPLICATION MUST BE FULLY COMPLETED

An original signature of owner or corporate officer is required in Section (7).

Completion and submission of this form does not constitute authorization to operate as a Food Salvager.

(1) Individual Owner Name, Partnership or Full Name of the Corporation:		County:	
Trade Name:		Business Telephone Number: ()	
Street:	City:	State:	Zip:
E-Mail:	Bank Name:		

(2) Optional Mailing Address:

Street:	City:	State:	Zip:
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(3) Identification Number:

Federal ID Number	<u>OR</u>	Social Security Number
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(4) Please list sole proprietors and all officers of a corporation or cooperative. If applicant is a partnership, LLC, or LLP, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary).

Name (Please Print)	Title	Work Address (Street & No., City, State, Zip) E-Mail address	Date of Birth

(4a.) Principal Office Address: _____

(4b.) In what state incorporated? _____ **(4c.)** Date of Incorporation _____

(4d.) Are you a foreign or out of state individual, partnership, or corporation? (Check One) Yes No

(4e.) For foreign or out-of-state corporations:
Date of filing in New York State? _____

(4f.) If out-of-state, the applicant agrees to accept service of process by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.
Designated: _____ Address: _____

(PLEASE COMPLETE REVERSE SIDE)

(5) Has the applicant or any partner, officer, director or stockholder been convicted of, or pleaded guilty to, a **felony** in any court in the United States?

No

Yes If yes, state the full name of the person _____

Name of Court and its location? _____

Date of Conviction? _____ A "Certificate of Conviction" is required. If a "Certificate of Conviction" has been provided and a license issued on a prior application, check this box.

(6) Workers Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers Compensation Insurance (WCI). Indicate your WCI status:

Insured with _____
Name of Insurance Provider

Self Insured

Exempt from WCI

The undersigned applies for a license to conduct a food salvager business at this location only, pursuant to Article 17-B of the Agriculture and Markets Law of the State of New York and in support of this application agrees to comply with the requirements of Article 17-B and with the rules and regulations promulgated pursuant thereto.

The applicant represents that there are adequate physical facilities to conduct a food salvage business at the location for which this license application is made.

Applicant consents to free entry and will permit free access to the licensed premises, buildings and offices to the Commissioner, the Commissioner's agents and inspectors in pursuance of the Commissioner's duties to supervise and regulate the production, storage, sale and use of articles subject to the Commissioners jurisdiction.

Applicant understands the statements made in the application will be accepted, for all purposes, as the equivalent of an Affidavit.

Any false statements made, in addition to being the possible basis for a revocation on any license issued as a result of this application may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York.

(7) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER	TITLE	DATE
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AUTHORIZATION AND PURPOSE

Disclosure of your federal social security and federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and for any other purpose authorized by the Tax Law.

The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if it should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.

All fields must be completed. Incomplete applications may not be processed. If you have questions about the information requested, call (518) 485-5326; or write to: Department of Agriculture and Markets; FSI-Licensing Unit; 10B Airline Drive; Albany, NY 12235.