Nassau County Fire Commission
Office of the Fire Marshal
1194 Prospect Avenue
Westbury, N.Y. 11590
(516) 573-9900
nassaucountyny.gov/firemarshal

Application for License

<table>
<thead>
<tr>
<th>Initial</th>
<th>Renewal</th>
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</thead>
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Check Only One

- Board-up Company / Restoration Business
- Automatic Fire-Extinguishing Installer
- Automatic Fire Suppression Installer
- Clean Agent Fire-Extinguishing Installer
- Flammable Finish Application
- Grease Hood and Duct Exhaust Installer
- Kitchen Exhaust Cleaning
- Portable Fire Extinguisher Full Service
- Portable Fire Extinguisher Limited Service
- Sprinkler/Standpipe Installer (Type I)
- Sprinkler/Standpipe ITM (Type 2) (Inspection, Testing and Maintenance)

Please Type or Print All Information

Full Corporate Name: ________________________________ Date: ________________

D/B/A: ____________________________________________________________________________ Phone: ________________

Physical Address: _____________________________________________________________________ Fax: ________________

City: _________________________________    State: _____    Zip: ___________    FEIN/Tax ID: ___________________________

Mailing Address (if different from above): __________________________________________________________________________

City: _________________________________    State: _____    Zip: ___________    eMail: ________________________________

Principle Name: ________________________________     Title: ________________________________

Date of Birth: ________________  □ US Citizen  □ Resident Alien

Please Fill Out All Information on Reverse Side

FIRE MARSHAL USE ONLY

<table>
<thead>
<tr>
<th>License #</th>
<th>Cash ID</th>
<th>Location ID</th>
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<tbody>
<tr>
<td>Date Issued</td>
<td>Check #</td>
<td>Company ID</td>
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<tr>
<td>Expiration</td>
<td>Amount</td>
<td></td>
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</table>
OWNER / EXECUTIVE INFORMATION
List Name, Title, Date of Birth, SSN (last 4 only) and Legal Residence of all Partners, Officers, Directors and Shareholders

Certificate of Incorporation, Articles of Organization or other official NYS business paperwork, stamped by NYS.
Certificate of Assumed Name from NYS if operating under a different name from above, stamped by NYS.
If a co-partnership, a certified copy from the Clerk, County of Nassau, of partnership must be filed with this application.
Certificate of Liability Insurance. (form ACORD 25)
Proof of workers' compensation insurance. (form CE-200, or form C-105.2 / U-26.3, or form SI-12 / GSI-105.2)
Proof of disability benefits. (form CE-200, or form DB-120.1, or form DB-155)
If required, provide proof of experience for the specific type of license.
For licenses which require certificates of fitness (COFs), a list of all employed COF holders, including their full name, tester ID and COF expiration date.
For licenses which require manufacturer’s training certificates, a copy of all valid certificates.
For portable fire extinguisher service (PFE), a current DOT cylinder requalification facility letter, or an agreement letter from a valid PFE contractor licensed in Nassau County who holds the same.

Does individual(s), partner(s), officer(s) or director(s) have any judgement(s), lien(s), notice of lien(s) or any other legal proceedings against them. □ YES □ NO
Does applicant(s), partner(s), officer(s) or director(s) have any civil or criminal actions now pending. □ YES □ NO
Has applicant(s), partner(s), officer(s) or director(s) ever been convicted of a crime. □ YES □ NO
Has applicant(s), partner(s), officer(s) or director(s) ever had a license denied, revoked or suspended. □ YES □ NO
If any question was answered yes, provide details.

STATEMENT
I, the undersigned, understand that the issuance of a permit or license for the type which is herein applied for is based on the agreement to conform to the regulations and requirements of the Nassau County Fire Marshal’s Office. I further understand that non-compliance of said requirements, by myself or any officer or employee of the firm or individual listed as the applicant on this form, shall be cause for revocation of said permit or license. Upon revocation of said permit or license the applicant or any employee of the applicant shall be prohibited to conduct such work for which this permit or license was issued. The reissuance of a permit or license shall be based upon review of the circumstances leading to the revocation. Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant (Print Name) ___________________________ Title ___________________________ Date ____________
Applicant (Signature) ___________________________ Notary Public ___________________________

License Application v4 rev 01-2018