

# APPLICATION FOR TRANSPORTATION SERVICE LICENSE

NYS Department of Agriculture and Markets - Article 5-C

<b>Office Use Only</b>							
County Code- Est. No.							
Entity No. _____							
Receipt No. _____							
Certificate No. _____							

### INSTRUCTIONS

Read and complete BOTH SIDES of this application  
 If operator of more than one service, fill out an additional application for each service.  
 Fee for each vehicle used in transporting inedible meats or bodies or carcasses of animals not intended for human consumption is \$10.00.  
 Send licensee fee, payable to "Department of Agriculture & Markets," using check or money order to the address at the end of the form.  
 An original signature of owner or corporate officer is required in Section (7).

<b>(1) Individual Owner Name, Partnership or Full Name of the Corporation:</b>			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	Contact 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) VEHICLE IDENTIFICATION**  
(Vehicles used in Transportation Service)

YEAR AND MAKE	VEHICLE IDENTIFICATION NO.	LICENSE NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

The undersigned applies for a license to operate a Transportation Service and represents that the premises, physical facilities, and equipment to be used by applicant and the operation thereof, comply with the requirements of Article 5-C of the Agriculture and Markets Law and Rules and Regulations promulgated there under for the transport of inedible meat or bodies or carcasses of animals not intended for human consumption.

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 duty to supervise and regulate the production, storage, sale and use of articles subject to the Commissioner's jurisdiction.

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

Any false statements made herein, in addition to 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.

<b>(7) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER</b>	<b>TITLE</b>	<b>DATE</b>
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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.