

# APPLICATION FOR TRANSPORTATION SERVICE LICENSE – ARTICLE 5-C

NYS Department of Agriculture and Markets

Attn: Food Safety License Unit  
10B Airline Drive, Albany, NY 12235

<b>Office Use Only</b>									
County Code- Est. No.									
Entity No. _____									
<b>NO LICENSE FEE REQUIRED</b>									

**INSTRUCTIONS**

Read and complete both sides of this application  
 If operator of more than one service, fill out an additional application for each service.  
 An original signature of owner or corporate officer is required in Section (6).

<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	<b><u>OR</u></b>	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-New-York-state individual, partnership, or corporation? (Check One)      Yes       No

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

**(4f.)** If out-of-New-York-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)**

**APPLICANTS MUST PROVIDE ALL REQUESTED INFORMATION**

**(5) VEHICLE IDENTIFICATION** (Vehicles used in Transportation Service)

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

**6) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER TITLE DATE**

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 licensed premises, buildings and offices to the Commissioner, the Commissioners 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 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.

**NOTE:** Your application for a license is subject to denial and/or revocation, if, after a hearing, it is determined that the applicant, licensee, officer, director, partner or share/stockholder, has been convicted of, or has pled guilty to, a felony in any court of the United States or any State or territory thereof, with respect to an offense involving; food safety, food adulteration or food misbranding.

Providing your signature below acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of Article 5-C.

<b>SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER</b>	<b>TITLE</b>	<b>DATE</b>

**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.

If you have questions about the information requested, call (518) 457-7139; e-mail [agr.sm.foodlicense@agriculture.ny.gov](mailto:agr.sm.foodlicense@agriculture.ny.gov); or write to: NYS Department of Agriculture and Markets; Attn: Food Safety License Unit; 10B Airline Drive; Albany, NY 12235.