



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Appearance Enhancement
P.O. BOX 22049
Albany, NY 12201-2049
Customer Service: (518) 474-4429
www.dos.ny.gov

Appearance Enhancement / Barber Business Owner Affirmation

This form should be completed by an Appearance Enhancement or Barber Business owner who will have an area renter working in their business.

Business Type (select one):

Appearance Enhancement Business

Barber Shop Business

NAME OF AREA RENTER

APPLICATION NUMBER AND/OR UNIQUE IDENTIFICATION NUMBER

NAME OF BUSINESS OWNER

UNIQUE IDENTIFICATION NUMBER

NAME OF BUSINESS

STREET

CITY

STATE

ZIP + 4

BUSINESS E-MAIL ADDRESS

DAYTIME PHONE (OPTIONAL)

Affirmation of Appearance Enhancement Business Owner:

I, affirm that I have read and understand the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

OWNER SIGNATURE

DATE

PRINT OWNER NAME

Affirmation of Barber Shop Business Owner:

I, affirm that I have read and understand the provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Worker's Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

OWNER SIGNATURE

DATE

PRINT OWNER NAME