

**OFFICE OF THE SHERIFF  
COUNTY OF MONROE  
130 South Plymouth Avenue  
Rochester, NY 14614**

**REQUEST FOR LICENSE EXEMPTION**

Indicate with an "X"     Exempt pursuant to Chapter 384-6 (L) (3)—Jewelry and Coin  
                                   Exempt pursuant to Chapter 384-6 (L) (8)—Clothing

**ALL REQUESTS FOR AN EXEMPTION MUST BE ACCOMPANIED BY WRITTEN  
PROOF BY A CERTIFIED PUBLIC ACCOUNTANT**

<b>1</b>	<b>Business Information:</b>
	Tax ID No. _____
	Name of Business _____
	Business Phone (include area code) _____ Email Address _____
	Describe the nature of the business activities (ex. items bought and sold) _____ _____
	Business Address _____ City _____ State _____ Zip _____
	Hours of Operation: _____
	List all e-commerce websites and account associated with the business: _____ _____ _____

<b>2</b>	<b>Business Owner:</b>
	Full Name of Business Owner (Include Maiden Name if applicable) _____
	Date of Birth _____ Email Address _____
	Residence Phone _____ Cell Phone _____
	Residence ( <b>No P.O. Box</b> ) _____ City _____ State _____ Zip _____
	<b>Are you the sole owner of the business?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If "NO", complete Box #3</b>

3

**NOTE:** If the owner or operator is a partnership, corporation, D.B.A. or other business entity, set forth the following information for all of the principals of the business (attach additional sheets if necessary):

Name of Business Entity: \_\_\_\_\_

Full Name	Title	Date of Birth	Home Address	Phone Number

4

**Certified Public Accountant:**

Full Name of CPA

Full Name of CPA's firm

Business Phone

Cell Phone

Residence (**No P.O. Box**)

City

State

Zip

**OFFICE USE ONLY**

**MONROE COUNTY SHERIFF'S OFFICE**

Approved:

Denied:

Conditionally Approved:

\_\_\_\_\_  
Deputy Daniel Philipp                      Date  
Licensing Compliance Unit

\_\_\_\_\_  
Patrick M. O'Flynn                      Date  
Monroe County Sheriff