

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

REQUEST FOR LICENSE EXEMPTION

CHECK ONE:

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.**

Business Information:

1

Name of Business

Tax ID No.

Business Address

City

State

Zip

Business Phone (include area code)

E-mail Address

Describe the nature of the business activities (ex. Items bought and sold)

Hours of Operation: _____

List all e-commerce websites and accounts associated with the business:

Business Owner:

2

Full Name of Business Owner

Date of Birth

Residence (No P.O. Box)

City

State

Zip

Residence Phone (include area code)

Cell Phone (include area code)

E-mail Address

Are you the sole owner of the business?

Yes No If "YES", go to Box #4; If "NO", complete Box #3

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):
(Only complete Box #3 if "No" was checked in Box #2; if "Yes" was checked leave this box blank)

Name of Business Entity				
Full Name	Title	Date of Birth	Home Address	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4

Certified Public Accountant:

_____		_____	
Full Name of CPA		CPA License No.	

Name of CPA's Firm			
_____		_____	_____
Firm Address (No P.O. Box)	City	State	Zip
_____		_____	
Business Phone (include area code)		Cell Phone (include area code) (optional)	

OFFICE USE ONLY

MONROE COUNTY SHERIFF'S OFFICE

Approved: Denied: Conditionally Approved:

Deputy Steve Thomsen Date
Licensing Compliance Unit

Patrick M. O'Flynn Date
Monroe County Sheriff