LAND MANAGEMENT
TOWN OF SOUTHAMPTON
----------x
In the Matter of the Application of

_____(Applicant) **AFFIDAVIT**
----------x
STATE OF NEW YORK)
ss:
COUNTY OF SUFFOLK)

_____(Applicant), being duly sworn, deposes and says:

1. I reside at
_____,
Town of Southampton, State of New York.

2. I have both resided and conducted business within the Town of Southampton for approximately _____ years.

3. My business dealings within the Town of Southampton include:

4. ☐ I have **never** been convicted of a crime
☐ I **have been** convicted of the following crimes
(Check One) and indicate not applicable if never convicted, or list convictions if convicted:

5. ☐ I have **never** had a judgment entered against me (Personally or against a corporate entity in which I am the Principal Member)
☐ I **have** had a judgment entered against me (Personally or against a corporate entity in which I am the Principal Member)
(Check One) and indicate not applicable if no record of judgements, or list judgements with amounts, dates, and status of repayment to claimant if applicable:

7. I acknowledge and understand that the Suffolk County background check system is currently unavailable for use for licensing of home improvement contractors.

8. I acknowledge and understand that upon restoration of access to the Suffolk County background check system a report will be run for all listed applicants including myself, employees, and/or agents including but not limited to any/all corporate entities.

9. I acknowledge and understand that any false statement or information provided, or failure to disclose relevant information to the Town of Southampton, Land Management Department within my application shall be a basis and ground for revocation of said license.

10. I make this affidavit knowing full well that the facts herein are true, and that under New York Penal Law § 210.45 I could be charged with making a punishable false written statement if I make a false statement under oath.

Dated: _____, 20____

_____
(Applicant)

Sworn to me this ___day of
_____, 20____

_____
Notary Public