



# Business Compliance Assessment Form

**New Member /Business Owner's Information** Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Please provide a copy of your **Valid Driver's License** to start the compliance assessment process.

## Business Information

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_ EIN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years at Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### **Most of the following documents are needed to be in full compliance**

**For a more accurate assessment of your business' compliance status, please provide copies of all the documents you have checked off below**

- Copy of lease  Cert. of occupancy  DBA -Partnership  Articles of Incorporation
- EIN Number  Cert. of Authority  DCA  / DMV Bond  Auto Dealer Retail Lic.
- Auto Dealer Whole S.  DCA License  DCP Lic. (Yonkers)  Auto Repairs License
- Auto Body Shop Lic.  Body Shop Air Quality  Spray Supervision  Certif. of Fitness (Comp.)
- Cert. of Fit. (Weld)  BPS Permit  Tier II Report  NYFD: 511,373,190,347

### **The following are coverages/services that support your compliance status**

**For a more accurate assessment of your business' compliance status and service needs, please check off, all of the services you may need assistance with below**

- Dealer's Plate Program  Legal Representation  Violations issues
- Fines and Citations  Business Counseling  Health Coverage