



Manufacturer, Repairer-Renovator or Rebuilder of New and/or Used Bedding and/or Retailer/Wholesaler or Used Bedding Application

Please take the time to read the instructions carefully before beginning the application form. Incomplete forms will be returned, delaying registration. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a registration or could result in the suspension or revocation, if one is issued.

What is in this package?

This application package includes all the information and forms you will need to apply for registration as a manufacturer, repairer-renovator or rebuilder of new and/or used bedding or a retailer/wholesaler of used bedding.

A completed application will include the two-sided application form and the appropriate application fee(s). Bedding registrations are business registrations. Therefore, applications must be made by the business entity. The application must be signed by the sole proprietor, if you are applying as an individual; or by an officer of the corporation, partnership or limited liability company if the business is a corporation, partnership, or limited liability company.

If the business is a trade name, a business certificate must be filed in the county clerk's office where the business is located. If it is a partnership, certificate must be filed in the county clerk's office where the business is located. If it is a corporation, a certificate of incorporation must be filed with the NYS Department of State's Division of Corporations.

What is bedding?

Bedding is defined by Article 25A of the General Business Law as any mattress or box spring which can be used by humans for sleeping or reclining.

Who must apply for a registration?

Anyone who:

- 1) Manufacturers of new bedding:** Every manufacturer of new bedding sold in this state shall file a notice with the Department of State which: (a) states its name and address; and (b) affirms that it uses new material when it manufactures new bedding. "New Bedding" means any material or article which has not been previously used for any purpose, including by-products produced in the manufacture of new fabric, and material reclaimed from new fabric. **Effective May 2018 "New Bedding" no longer includes articles of bedding returned by a purchaser for exchange, alteration, or correction, within thirty days after day of delivery after original sale at retail.**

- 2) Manufacturers of used bedding and repairer-renovators or rebuilders of bedding:** Every manufacturer of used bedding sold in this state and repairer-renovator or rebuilder of bedding sold in this state shall file a notice with the Department of State which: (a) states its name and address; and (b) affirms that it sanitizes its used bedding in accordance with the standards established in regulation by the Department of State in consultation with the Department of Health. **Effective May 2018 "Used Bedding" means any components, articles or materials from bedding not classified as new."**

- 3) Sells Retail or Wholesale Used Bedding-*** Any mattress or boxspring which in its entirety is used and has not been repaired or renovated.

***NOTE: Every location where the sale of used bedding takes place must file a separate registration.**

Who is exempt from registration?

Persons selling used bedding in a private sale from their homes directly to consumer(s).

Retailers and wholesalers of new articles of bedding. (See tagging requirements on back of application.)

What are the application fees, terms of registration?

A non-refundable application fee is required for each category of registration. The application fees are:

\$150: Manufacturer of "New Bedding"

\$150: Manufacturer, Repairer-Renovator, or Rebuilder of "Used Bedding"

\$100: Retailer/Wholesaler of "Used Bedding"

A separate registration will be issued for each category you apply for. For example, if you are engaged in the manufacture of both new and used bedding, you would check both categories on the application and submit a \$300 fee. You would be issued two registrations. Registrations are effective for 1 year.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using a credit card authorization form. Do not send cash. Application fees are non-refundable. A \$20 fee will be charged for any check returned by your bank.

Manufacturer, Repairer-Renovator or Rebuilder of New and/or Used Bedding and/or Retailer/Wholesaler or Used Bedding Application

Do I have to tag my product(s)?

Yes.

New Bedding: A 6 square inch label must be affixed to new bedding which will contain the phrase "New Material" in prominent print.

Used Bedding: A 15 square inch yellow label must be affixed to used bedding which contains the phrase "Used Material" in prominent print.

Do used mattresses have to be sanitized?

Regulations established by the Department of State in consultation with the Department of Health, require that all manufacturers, repairers, renovators, rebuilders, or sellers of used bedding must affirm that their products have been sanitized in accordance with Section 199.2 and 199.3 of Title 19 NYCRR, Part 199.

Child Support Statement:

A child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended. The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV_D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

FOR OFFICE
USE ONLY

UNIQUE ID

CLASS

TOTAL FEE



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Manufacturer, Repairer-Renovator or Rebuilder of New and/or Used Bedding and/or Retailer/Wholesaler of Used Bedding Application

Mark your selection(s):

\$150 Manufacturer of "New Bedding"

\$150 Manufacturer, Repairer-Renovator, or Rebuilder of "Used Bedding"

\$100 Retailer/Wholesaler of "Used Bedding"

CASH NUMBER

N _____

U _____

S _____

PLEASE PRINT OR TYPE

BUSINESS NAME _____

BUSINESS ADDRESS _____

STREET ADDRESS (REQUIRED) _____

CITY _____

STATE _____

ZIP+4 _____

COUNTY _____

DAYTIME TELEPHONE NUMBER (IF PROBLEM WITH APPLICATION) _____

FEDERAL ID NUMBER (SEE PRIVACY NOTIFICATION) _____

E-MAIL ADDRESS (IF ANY) _____

Out of state registrants only: Uniform Registration Number _____

Please answer the question that applies to you.

YES or NO

I am filing as an individual or sole proprietor.

I am filing as a corporation and have filed a corporate filing receipt with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)**

I am filing as a partnership and have filed a partnership certificate in the county clerk's office where the business is located. **(By signing this application, you are certifying compliance with this requirement.)**

I am filing as a trade name and have filed a trade name certificate in the county clerk's office where the business is located. **(By signing this application, you are certifying compliance with this requirement.)**

➤ If you are applying as an **individual** or **sole proprietor**, complete items 1 below and 2 on the next page (as appropriate) and read item 3 on the next page.

➤ If you are applying as a **corporation, partnership** or **limited liability company**, complete items 1 below and 2 on the next page (as appropriate). Skip item 3 on the next page.

1. Manufacturer of "New Bedding" Applicant Affirmation - I affirm that I have read and understand the provisions of Article 25-A of the General Business Law and the rules and regulations promulgated thereunder. 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 misstatements made may result in the revocation or suspension of the license if issued. I further affirm that I use new material when I manufacture new bedding.

Applicant's Signature _____ Date _____

Applicant's Name _____

(Please Print)

Manufacturer, Repairer-Renovator or Rebuilder of New and/or Used Bedding and/or Retailer/Wholesaler of Used Bedding Application

2. Manufacturer, Repairer-Renovator, Rebuilder/Retailer/Wholesaler of "Used Bedding" Applicant Affirmation –

I affirm that I have read and understand the provisions of Article 25-A of the General Business Law and the rules and regulations promulgated thereunder. 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.

I further affirm that I sanitize such used bedding in accordance with the standards established in regulation by the Department of State in consultation with the Department of Health.

Applicant's Signature _____ Date _____

Applicant's Name _____
(Please Print)

3. Child Support Statement –

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

It is important that you notify this division of any changes in your business address so you will receive renewal notices and other notifications pertinent to your registration.

**Please be sure to complete and sign this application
and include all fees (please see instructions).**

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

--	--

*Sign

*Date