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

Department of State
Licensing Services

Request for Cease and Desist List

GENERAL INFORMATION / INSTRUCTIONS

In accordance with 19 NYCRR, Section 175.17, portions of Kings county have been designated as cease and desist zones. Cease and desist regulations prohibit the solicitation of owners whose name and address appear on the Cease and Desist List.

Solicitation means an attempt to purchase or rent for another, or an attempt to obtain a listing of property for sale, for rent or for purchase. *Solicitation* includes but is not limited to use of the telephone, mails, delivery services, personal contact or otherwise causing any solicitation, oral or written, direct or by agent:

(i) to be delivered or presented to the owner or anyone else at the owner's home address; or
(ii) to be left for the owner or anyone else at the owner's home address; or
(iii) to be placed on any vehicle, structure or object located on the owner's premises.

Solicitation does not include classified advertising in regularly printed periodicals that are not primarily real estate related; advertisements placed in public view if they are not otherwise in violation of this section; or radio and television advertisements.

If you wish to receive a printed copy of the list, please indicate the number of copies you are requesting. Mail this completed form along with the required fee. 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.** A $20 fee will be charged for any check returned by your bank.

Alternatively, you can visit our website at www.dos.ny.gov and download the list at no charge.

PLEASE PRINT OR TYPE:

NAME

STREET ADDRESS (Required) - P.O.Box may be added to ensure delivery

CITY STATE ZIP+4 COUNTY

NUMBER OF COPIES:

Kings County: _____ @ $10.00 each = $ _____

TOTAL ENCLOSED: $ _____

COMPLETE FOR CREDIT CARD PAYMENT:

Please charge to the following credit card: ☐ Master Card ☐ Visa

Credit Card NO: _____ **Exp. Mo.** _____ **Yr.** _____

Print cardholder's name: _____

Cardholder's signature: _____ Date: _____