

**DTF-17**NYS Department of Taxation and Finance  
W.A. HARRIMAN CAMPUS, BUILDING 8 ALBANY, NY 12207-0155**Application for Sales Tax Certificate of Authority**

Application submitted on: 12/09/2014 03:35PM

Confirmation Number: 2064355

**Section A - Starting your business or updating its status**

Reason for applying: Starting a new business

**Section B - Business identification**

Legal name: Cameron J Gayford

DBA or trade name (if different from legal name above):

Federal Employer ID number (EIN): XXXXXXXXXX\*

Physical address care of (c/o): Cameron Gayford

Physical address number and street: 36 South Genesee Street

Physical address city: Fillmore

Physical address U.S. state/ Canadian province: NY

Physical address county: Allegany

Physical address ZIP/postal code & ZIP+4 (US only): 14735

Physical address country: United States

Mailing address care of (c/o):

Mailing address number and street or PO Box: P.O. Box 259

Mailing address city: Fillmore

Mailing address U.S. state / Canadian province: NY

ZIP/postal code & ZIP+4 (US only): 14735

Mailing address country : United States

Primary business telephone number: 585-808-8351

Alternate business telephone number 1:

Alternate business telephone number 2:

Fax number:

Mobile number: 585-808-8351

Primary email address: camgayford@gmail.com

Alternate email address 1:

Alternate email address 2:

**Section C - Type of entity or organization**

Type of entity or organization: Indiv (Sole Proprietor)

**Section D - General business information**

Enter the date you will begin business in NYS for sales tax purposes (mm/dd/yyyy): 12/29/2014

In the space below briefly describe your business activities. Describe the products or services that you will sell in NYS from the business location(s) that you are registering: Freelance digital, photographic, and multi-media illustration by commission, a web comic monetized by voluntary tipping or merchandise sales, one-off or limited run traditional media artwork.

Did you acquire all or part of an existing business, or assets of a business, that was registered or required to be registered for sales tax?: No

## ...Section D - General business information

Do you intend to accept credit and/or debit cards?: Yes

What do you expect your annual sales will be?: \$0 - \$35,000

How much sales tax do you expect to collect annually?: \$0 - \$3,000

Bank Name: ESL Federal Credit Union

Routing Number: XXXXXXXXXX\*

Account Number: XXXXXXXXXX\*

Do you have more than one permanent place of business in New York State?: No

## North American Industry Classification System (NAICS) code

NAICS Code Type	Industry Type	Industry Sub Type	NAICS Code
Principal NAICS Code	Professional, Scientific, and Technical Services	Specialized Design Services	541430 Graphic Design Services
Secondary NAICS Code	Arts, Entertainment, and Recreation	Performing Arts, Spectator Sports, and Related Industries	711510 Independent Artists, Writers, and Performers

## Section E - Sole proprietors

Is this a home based business?: Yes

## Section G - Partnerships, LPs, LLPs, or LLCs

Has any member(s) been designated as the tax matters partner(s) or as the person(s) responsible for tax issues?:

Does any partner or member have at least a 20% ownership or profit distribution interest?:

## Section H - Business entity background

Has any owner, officer, director, partner, or employee of the applicant (or, for LLC's, any member or manager of the LLC), in their capacity as a person required to collect tax for either this entity or for any other entity for which they were a responsible person, received a sales or use tax assessment that has not been paid in full?: No

Has any owner, officer, director, partner, or employee of the applicant (or, for LLC's, any member or manager of the LLC), in their capacity as a person required to collect tax for either this entity or for any other entity for which they were a responsible person, been convicted of any tax crime during the past year?: No

Has any tax assessment been issued to the entity that has not been paid in full?: No

Has the entity been convicted of any tax crime in the past year?: No

If this entity previously held a sales tax Certificate of Authority, was the certificate revoked or suspended in the last year?: No

## Section I - Business associations

Are you a franchisee?: No

Is the entity applying for the Certificate of Authority owned by a different entity?: No

## ...Section I - Business associations

Will a different entity or individual be reporting the income for the operations of this entity on an income or corporation tax return?: No

Do you have a tax preparer?: No

## Tax Filing History

ID Number	Tax type
XXXXXXXXXX*	

## Section J - Business activity

Are you or do you intend to be licensed by the NYS Liquor Authority (SLA)? : No

Are you or do you intend to be licensed by the NYS Lottery?: No

Do you or will you operate a facility registered with the NYS Department of Motor Vehicles (DMV)? : No

Do you intend to sell cigarettes or other tobacco products at retail?: No

Do you intend to sell new tires (automotive, motorcycle, trailer, etc.)? : No

Do you intend to provide passenger car rentals?: No

Do you intend to sell motor fuel at a retail station?: No

Do you intend to sell highway diesel motor fuel at a retail filling station?: No

Do you intend to sell heating fuels, including oil, firewood, pellets, or coal?: No

Do you intend to sell electricity or gas (including propane in containers of 100 pounds or more), steam, or refrigeration?: No

Do you intend to provide mobile telecommunications service?: No

Do you intend to provide other telecommunications services, including telephone answering services?: No

Do you intend to sell clothing or footwear?: No

Do you intend to provide hotel, motel, or other accommodations located in Nassau County or Niagara County?: No

Do you intend to provide restaurant or tavern food or drink, or other food service (including catering, take-out, cafeterias, etc.) located in Nassau County or Niagara County?: No

Do you intend to sell admissions to places of amusement, club dues, and/or cabaret charges located in Niagara County?: No

Do you intend to provide parking or garaging services in New York City?: No

Do you intend to provide beauty, barbering, or other personal services in New York City?: No

Do you intend to provide credit rating or reporting services in New York City?: No

Do you intend to provide hotel, motel, or other accommodations in New York City?: No

Are you a manufacturer or wholesaler that does not make retail sales?: No

## ...Section J - Business activity

Will you participate solely in flea markets, antique shows, or other shows?: No

Will you conduct business solely as a sidewalk vendor?: No

**Section K - Business Contacts and Responsible Persons (RP's)**

Business title	Owner
First Name:	Cameron
Middle Initial:	J
Last Name:	Gayford
Suffix:	
Home Phone Number:	585-808-8351
Ownership percentage:	
Profit distribution percentage	
E-mail Address:	camgayford@gmail.com
Care of (c/o):	Cameron Gayford
Number and street:	36 S Genesee St
City:	Fillmore
U.S. state/Canadian province:	NY
Zip/Postal code & Zip +4(US only):	14735-8700
Country:	United States
Responsible Person:	Yes
SSN:	XXXXXXXXXX*
Country of Residence:	United States

Effective date of assuming responsibility:

Will this person be actively involved in operating this business on a daily basis?: Yes

Will this person be involved in deciding which financial obligations are paid?: Yes

Will this person be involved in personnel activity (such as hiring or firing)?: Yes

Will this person have check signing authority?: Yes

Will this person prepare tax returns?: Yes

Will this person have authority over business decisions?: Yes

## ...Section K - Business Contacts and Responsible Persons (RP's)

Is this person a tax manager or general manager?: No

Does this RP have any open, unsatisfied judgments, injunctions, or liens in effect today?: No

Does this RP have any felony, misdemeanor, and/or administrative charges currently pending?: No

At any time within the last five years, have there been any judgments, injunctions, or liens issued against the Owner?:  
No

At any time within the last five years, has the Owner had any permit, license, concession, franchise, or lease terminated for cause or revoked for any reason?: No

At any time within the last five years, has the Owner been investigated by any governmental or quasi-governmental agency, including but not limited to federal, state, and local regulatory agencies?: No

At any time within the last five years, has the Owner been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions?: No

At any time within the last five years, has the Owner had any sanction imposed as a result of a judicial or administrative disciplinary proceeding with respect to any license, permit, concession, franchise, or lease?: No

At any time within the last five years, has the Owner failed to file any applicable federal, state, or New York City tax return by its due date?: No

At any time within the last five years, has the Owner failed to pay any applicable taxes or assessed government charges by its due date?: No

Has any bankruptcy been initiated by or against the Owner within the past seven years?: No

At any time within the last ten years, has the Owner been convicted of a felony and/or any crime related to truthfulness and/or business conduct?: No

## Section L - Name of Responsible Person Certifying the Application

First Name:	Cameron
Middle Initial:	J
Last Name:	Gayford
Suffix:	
SSN:	XXXXXXXXXX*
Daytime Telephone Number:	(585)808-8351

## ...Section L - Name of Responsible Person Certifying the Application

I certify that I am the responsible person for the applicant identified in Section L above and that I have read and understand the instructions that accompany this application; and that the statements made as part of this application are true, complete, and correct; and that no material information has been omitted. The responses to questions concerning the background of responsible persons other than myself are based on information and belief formed after reasonable inquiry. I further certify that all the persons who are responsible persons for the applicant were properly identified. I have had the opportunity to discuss this application with a tax advisor and to contact the Tax Department with any questions. I acknowledge that the Tax Department will rely on the information supplied in this application in determining whether to issue the requested sales tax Certificate of Authority, and that this application will be filed with and become a part of the records of the Tax Department. I make these statements with the knowledge that willfully providing false or fraudulent information in this application may constitute a felony or other crime under New York State Law, punishable by a fine and/or jail. I understand that the Tax Department is authorized to investigate the validity of any information entered on this document, and may request additional information or documentation in connection with this application. If a Certificate of Authority is granted by the Department, it is subject to renewal pursuant to Tax Law section 1134(a)(5), and it may be revoked at any time due to any false statement or fraud committed in the application process. I also understand that I am required under New York State Law to promptly notify the Tax Department of any changes to the information supplied in this application. By checking the box below, I understand and agree that I am electronically signing and filing this application.

☒ By checking this box, I agree to the above certification.

Date: 12/09/2014 03:35PM