



THE NORTHEAST'S LARGEST CONVENTION
OF SCIENCE FICTION, FACT & FANTASY

Here is your Dealer's Registration Packet for I-CON 26

March 23 - 25, 2007

*Over 50% of our I-CON 26 dealer's tables are already reserved
We encourage you to register for your tables **NOW**.*

AT LAST YEAR'S *I-CON 25!*

Over: 7,000 Attendees
110 Vendors in our new 40,000 sq ft layout
140 Guests
750 Hours of Programming

**The Dealer's Room is I-CON's largest attraction.
Vendor participation has helped make I-CON the success that it is.**

I-CON conventions include Classic Science Fiction tracks of Authors, Science, Art Show, Costuming and Publishing, to Film and TV guests, Gaming, Anime, Comics, Medieval, and Anthropomorphics. The I-CON convention has grown from a small student-run local event to a convention that involves every aspect of the International Sci-Fi and Fantasy communities. Exclusively run by volunteers, the convention is noted for providing a professionally run, positive experience to our members and guests.

Dealer's Room tables are standard 8-foot folding tables (96"x30") arranged in a perimeter and ten islands with our corporate display booths located in the center. Electricity is provided upon request. Loading and unloading is at floor level through rollup doors and there is ample nearby parking. Security during convention hours is provided by a private security firm and University Campus Police patrol in the Dealer's Room during public hours as well as overnight.

Each table includes two memberships that allow full access to the convention programming. Hotels are nearby. See the enclosed Hotel list for special rates. The campus is easily accessed from the Long Island Expressway and there is a Long Island Railroad station within walking distance of the Sports Arena.

We thank you for supporting I-CON for the past 25 years and

We hope to see you at I-CON 26!

Visit our Web Site – www.iconsf.org

Rich Hutter, Steve Costa - Dealer's Room Coordinators (dealers@iconsf.org)

ICON Science Fiction, Inc., a 501-c3 corporation
PO Box 550, Stony Brook, NY 11790-0550
PHONE: (631) 632-6045 FAX: (631) 632-6355
<http://www.iconsf.org>

I-CON 26 Dealer's Pricing Schedule

Dates: I-CON 26 March 23 - 25, 2007

(Note: The date of the convention is subject to confirmation by Stony Brook University)

Each table purchased includes two (2) memberships.

Table purchases are subject to the price schedule below. One or more tables paid in full with your reservation will enable you to hold up to two additional tables. **All unpaid tables (or fractions) are subject to all price increases on the dates shown in the schedule below.** Tables not fully paid for by January 15, 2007 may have their reservations canceled. Any table not paid in full by March 1, 2007 **will** have its reservation canceled. There will be no refunds for tables canceled after March 1, 2007 unless tables are resold. If resold, the payment will be fully refunded. No dealer will be considered to be registered at I-CON 26 until a registration form and the payment of the price of at least one (1) table has been received and a confirmation has been returned by ICON Science Fiction, Inc. The acceptance of a payment shall not constitute a contract until a DEALER'S FINAL CONFIRMATION LETTER is sent by ICON Science Fiction, Inc.

Pricing Schedule

Price per Table	Dates	Refunds
\$260	Purchased in full during I-CON 25 by registered vendors.	100%
\$290	From I-CON 25 closing to Nov. 30, 2006	95%
\$315	From Dec. 1, 2006 to Jan. 15, 2007	75%
\$340	After Jan. 15, 2007	25%

Other Table Types	Price per Table
Corporate Membership Tables	See Corporate & Fan Price Sheet
Fan Tables (includes 1 membership)	See Corporate & Fan Price Sheet

Other Services Available at the Con	Price
Extra memberships (limited number)	Will be determined
6 ft. and 8 ft. backer tables	\$15 and \$20 respectively

Note: New York State law requires that you collect sales tax for what you sell at the convention. You must have a NYS sales tax id and inform ICON Science Fiction, Inc. of your id.

Please return a photocopy of the current tax ID to ICON with your registration form.

If you are an out of state exhibitor, please call the NYS Department of Taxation at 1-800-972-1233 and request Application Form #DTF17 be sent to you. This is an application for a temporary sales tax ID. Further information about sales tax can be obtained from that office. All terms subject to change without notice.

ICON Contact Info:
 ICON Science Fiction, Inc.
 P.O. Box 550
 Stony Brook, NY 11790-0550
 Voice Mail: (631) 632-6045
 FAX: (631) 632-6355

Web Site:
www.iconsf.org

(rev. 1 – 11/09/06)

Date ___/___/___

I-CON 26 Dealer Reservation

I-CON 26 will be held on March 23 - 25, 2007 (Tentative)

ICON Use ONLY

Dealer's Information Dealer Number: _____ IDX: _____ Loc: _____

<i>Company / Public Contact / Mailing Address</i>	<i>Dealer / Home</i>
Name:	Name:
Address:	Address:
Extra:	Extra:
City, State, Zip + 4:	City, State, Zip + 4:
Phone:	Phone:
Best Time to Call:	Best Time to Call:
Web Site:	Email (business):

Number of Tables Requested: [] ←	Special Needs: Please rank 1, 2, and 3 Wall [] Electricity [] Position [] Do You Absolutely Need A Wall? [] Do You Want the Same Location? [] (not guaranteed)
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Special Considerations:
(Diagram on Back if Needed)

Tax ID#	How many Cons do you attend per Year? []
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Please indicate how much room you will need behind your tables:

What Does Your Company Sell? (Check All That Apply)

Art Prints		Books		Comics		Stargate		Jewelry	
Games		Models		Photo Prints		Star Trek		Video	
Anime	Other (describe):								

- Notes:
1. Do you need electricity? [] What will you bring requiring electricity? _____
 2. We require a copy of your sales tax certificate. If you are an out of state exhibitor, please complete the NYS Department of Taxation Form #DTF17 (enclosed with instructions) and forward to NYS.
 3. Tailoring to your special requirements is on a first-come, first-served basis and is at the discretion of the Dealer's Room Coordinator. No requests will be filled until full payment is received.
 4. Vendor positioning in the room is at the discretion of the Dealer's Room Coordinator.
 5. In no event will I-Con be liable for any loss of equipment, revenues, or other indirect damages however caused.
 6. Please note the acceptance of this reservation form and payment shall not constitute a contract until a DEALER'S FINAL CONFIRMATION LETTER is mailed to vendor by ICON Science Fiction, Inc.
 7. All tables must be paid in full prior to the convention. Tables not fully paid for will rise in price as per the schedule.
 8. There will be no transfer of tables without the approval of the Dealer's Room Coordinator.

Rec#:	Index#:	FSA Form:	Tax Cert:	Fee:
DATE	PAYMENT TYPE	AMOUNT	BALANCE	

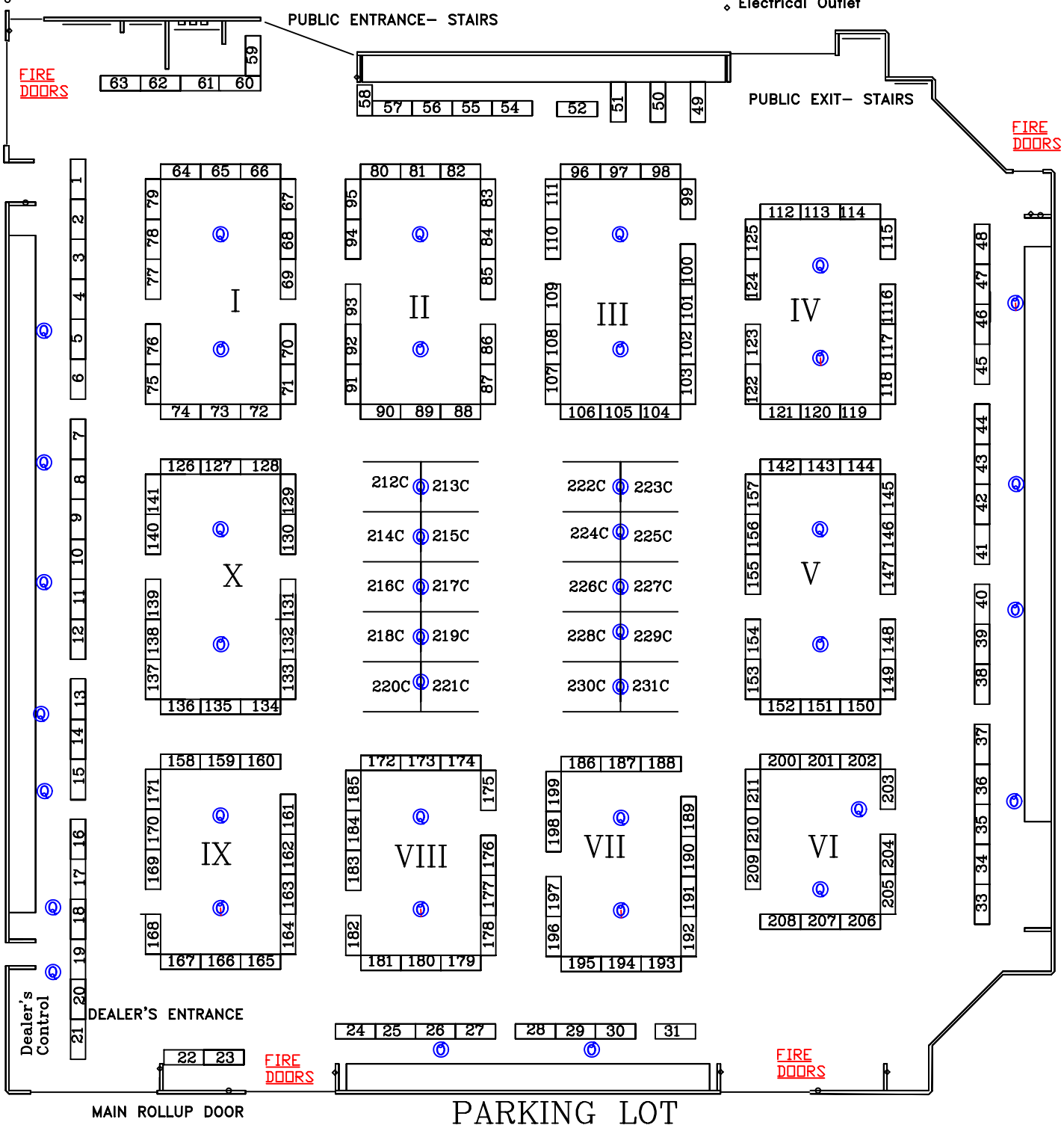
Tentative DEALER'S ROOM - Main LOBBY

I-CON26--March 23 - 25, 2007

- o Fire Alarms
- o Electrical Outlet

ATHLETIC FIELDS

CAMPUS



I-CON 26 Advertisement Form

Company Name: _____
 Street Address: _____
 City, State, Zip: _____

Contact Person: _____
 Phone Number: _____
 Email Address: _____

Please indicate which ad(s) you wish to purchase. Please contact us at marketing@iconsf.org, or 631-632-6045 if you are interested in a cover or centerfold ad. All ads must be paid for in advance of the deadline listed below. If you do not provide camera ready artwork or graphics sizeable to the correct dimensions, you must submit your advertisement one week prior to the listed deadline. If you want ICON to create your ad from contents of a web site or using graphics and text supplied to us, there is a minimum \$20 or 15% surcharge, whichever is greater. (Note: Most non-camera ready ads that are not electronically submitted will be assessed this surcharge. Ads with no graphics or that are being reused from a previous I-CON publication will not be surcharged). Please contact us in advance if you are planning on sending us an ad within 1 week of the deadline listed.

Multiple Ad Discount: For each additional ad beyond the first purchased, you may take 5% off of the total cost of your ad order (maximum cost reduction of 15% for 4 ads purchased). Note that while your ads may be of varying sizes, they must all be purchased at once to be eligible for this discount. Payment must be received prior to 3/1/07 to qualify for the discount.

Program Book	(approximately 7000 copies)	All ads due by 2/20/07	
Type of Advertisement	Rates	Dimensions (Width x Height)	
Full Page	\$450	7.5" x 9.75"	
Half Page	\$300	7.5" x 4.75" OR 3.625" x 9.75"	
Third Page	\$225	7.5" x 3.25" OR 3.75" x 6.5"	
Quarter Page	\$175	3.625" x 4.75"	
Sixth Page	\$120	3.625" x 3.25"	
Eighth Page	\$100	3.625" x 2.25"	
Inside Front Cover	\$700	8" x 10.5"	
Inside Back Cover	\$700	8" x 10.5"	
Outside Back Cover	\$800	8" x 10.5"	
Centerfold	\$1,000	16" x 10.5" spread	

Number ordered

Pocket Schedule	(approximately 7000 copies)	All ads due by 3/07/07	
Type of Advertisement	Rates	Dimensions (Width x Height)	
Full Page	\$400	7" x 9.375"	
Half Page	\$250	7" x 4.5" OR 3.5" x 9.375"	
Third Page	\$190	7" x 3" OR 3.5" x 6"	
Quarter Page	\$150	3.5" x 4.5"	
Sixth Page	\$100	3.5" x 3"	
Eighth Page	\$85	3.5" x 2.25"	
Inside Front Cover	\$600	7" x 9.375"	
Inside Back Cover	\$600	7" x 9.375"	

Number ordered

Total Price _____

Total Ads _____

Please Note: Quark Xpress files are not acceptable file formats for electronically submitted ads. Microsoft Word documents are only acceptable if your ad is text-only with no graphics. Additionally, Nonstandard fonts may not appear correctly in the ad. Preferred ad format is Photoshop (.PSD). Also Accepted: Acrobat (.PDF), Windows Metafile (.WMF), JPEG (.JPG), Windows Bitmap (.BMP), Tagged Image File Format (.TIFF, .TIF). Ads that do not conform to the appropriate dimensions will be resized so that neither the height nor the width are greater than that of the ad dimensions. In this case, your ad may contain less area than the dimensions of the original space purchased.

For more information, or to place an ad, please contact David Cortijo at 631-632-6045, marketing@iconsf.org, or mail in this form with your check, and ad copy (electronic or hard copy) to:

Ad Sales
 I-Con Science Fiction, Inc.
 P.O. Box 550
 Stony Brook, NY 11790

I-CON 26 Fan & Corporate Position Pricing Schedule

Dates: I-CON 26 March 23 - 25, 2007

(Note: The date of the convention is subject to confirmation by Stony Brook University)

***Each corporate position purchased includes two (2) memberships.
Fan tables purchased include one (1) membership.***

Table or position purchases are subject to the price schedule below. Tables or positions not fully paid for by January 15, 2006 may have their reservations canceled. No dealer or exhibitor will be considered to be registered at I-CON 25 until a registration form and the payment in full has been received and a confirmation has been returned by ICON Science Fiction, Inc. The acceptance of a payment shall not constitute a contract until a FINAL CONFIRMATION LETTER is sent by ICON Science Fiction, Inc.

Pricing Schedule – Corporate Positions

<i>Position</i>	<i>Price</i>
10 Foot by 10 Foot Interior Area	\$500
10 Foot by 10 Foot Corner Area	\$600
10 Foot by 20 Foot Interior Area	\$900
10 Foot by 20 Foot End Cap	\$1,200

Other Table Types	Price per Table
Fan Tables* (includes 1 membership)	\$100

Other Services Available at the Con	Price
Extra Memberships	\$Call
6 ft. and 8 ft. Backer Tables	\$10 and \$15 respectively

Note: New York State law requires that you collect sales tax if you sell at the convention. You must have a NYS Sales Tax ID and inform ICON Science Fiction, Inc. of your ID.

Please return a photocopy of the current tax ID to ICON with your registration form.

If you are an out of state exhibitor, please call the NYS Department of Taxation at 1-800-972-1233 and request that Application Form #DTF17 be sent to you, or you can download the form from our web site, <http://www.iconsf.org>. This is an application for a temporary sales tax ID. Further information about sales tax can be obtained from the Department of Taxation. All exhibitors in the Dealer's Room and Fan Table area are subject to the Dealer's Room and/or Fan Table Rules and Regulations which will be sent to you with your final confirmation. All terms subject to change without notice.

* Please note: Fan Tables are for fan groups and are not for general use or for commercial use or sales. All items for sale at a fan table must be approved by I-CON's marketing department.

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Web:
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Instructions for Form DTF-17

General information

Once you are registered as a sales tax vendor, you are responsible for filing sales and use tax returns quarterly, regardless of whether you have started or done any business. See Publication 750, *A Guide to Sales Tax in New York State*, for filing and other important information regarding your responsibilities as a sales tax vendor.

Line instructions

Line 1 — There are four types of sales tax vendors, as defined below. Select the definition that best describes your business, then check the appropriate box on line 1.

A *regular vendor* is any individual, partnership, company, or organization who makes taxable sales within the state or who accepts or issues exemption certificates. Regular vendors always have permanent business locations. In addition, they may sell at craft fairs, flea markets, or similar enterprises.

A *temporary vendor* is anyone who expects to make sales of tangible personal property or taxable services in New York State for no more than two consecutive quarterly sales tax periods in any 12-month period. A vendor who attends shows or entertainment events on a continual basis, even for only short periods, should register as a show/entertainment vendor, not a temporary vendor.

A *show vendor* is anyone who displays for sale or sells taxable goods or services at a flea market, a craft fair, a coin show, an antique show, or any similar enterprise that occurs on either a regular or temporary basis. A show vendor does not have a permanent business location.

An *entertainment vendor* is anyone who makes taxable sales at a concert, an athletic contest or exhibition (other than amateur sports), or similar form of entertainment, in which performers do not appear on a regular, systematic, or recurring basis, held in a facility or site with capacity to accommodate more than 1,000 persons. An entertainment vendor does not have a permanent business location.

Line 2 — Enter the exact legal name of the business that you are registering. For a corporation, the legal name will be the name that appears on the *Certificate of Incorporation* filed with the New York State Department of State. For a business that is not incorporated, the legal name is the name in which the business owns property or acquires debt. If the business is a partnership, use the names of the individual partners. If the business is a sole proprietor, the legal name is the name of the individual owner of the business.

Line 3 — Enter the trade name, doing-business-as name, or assumed name if different from the legal name. For a corporation, enter the name that appears on the trade name certificate filed with the New York State Department of State. For a business that is not incorporated, enter the name filed with the county clerk's office under section 130 of the General Business Law.

Line 4 — Enter your federal employer identification number (EIN) that you received from the IRS. If you are not required by the IRS to have an EIN, or you do not yet have a required EIN, leave line 4 blank.

Line 5 — Regular vendors enter the actual street address of your business. Show/entertainment or temporary vendors use your home address. Do not enter a PO box on this line. This address **will** appear on your *Certificate of Authority*. It will also be used for mailing unless you list a different mailing address on line 9 or a tax preparer's address on the back page of the form. If you have more than one location, see the instructions for line 12.

Line 6c — Enter the e-mail address for your business. This address may be used to inform you of important sales tax information or upcoming legislative changes that may impact your business. It will

not be used to send you any tax account specific information and it will not replace any mailing currently done by the Tax Department.

Line 7 — Enter the date you will begin making taxable sales or providing taxable services within New York State, or begin issuing or accepting New York State exemption certificates. Do not mail your application more than 90 days before this date.

Line 8 — If you are a temporary vendor, enter the date you will end business in New York State.

Line 10 — Indicate how your business is organized by checking the box that best describes it.

Governmental organizations include the federal government, New York State and any of its agencies, instrumentalities, public corporations, or political subdivisions (counties, towns, cities, villages, school districts, and fire districts).

An *exempt organization* is one that qualifies under Tax Law section 1116 and has been issued an *Exempt Organization Certificate*.

Line 11 — Check the appropriate box to indicate why you are applying.

If you are purchasing or acquiring an existing business or any portion thereof, please refer to the instructions and *Caution* for line 32.

For a change in organizational structure, (for example, sole proprietor to corporation), you must register as a new business by completing Form DTF-17. You must file a final return and surrender your *Certificate of Authority* for the old business.

If you are going into business as, or changing your organizational structure to a limited liability company (LLC) or a limited liability partnership (LLP) you must first contact the New York State Department of State. Once you have been granted your LLC or LLP status, you will be sent Form TR-570, *LLC/LLP Request for Information*, which contains instructions on how to register for sales tax purposes.

For a change in business name or location, file Form DTF-95, *Business Tax Account Update*. We will send you a revised certificate.

Line 12 — If you will be operating from more than one business location, you must have a separate *Certificate of Authority* for each location. Check the appropriate box to indicate whether you will file one return for all locations or a separate return for each location.

If you check box A and will be filing separate returns for each location, you must file Form DTF-17 for each location.

If you check box B and will be filing one (consolidated) return, list all your business locations on Form DTF-17-ATT and attach it to your application.

Line 13 — Enter the required information for all owners or officers of the business who are responsible for the day-to-day operations of the business. This generally includes anyone who:

- signs checks on the company's bank account,
- signs business tax returns,
- pays creditors,
- hires and fires employees,
- determines which bills are to be paid, or
- attends to the general financial affairs of the business.

If a partnership, enter the required information for all general partners and for those limited partners who are active in running

the business. Indicate whether the partner is a general partner or limited partner by entering **GP** or **LP** after the partner's name.

Include the social security number of all owners, partners, members, or officers listed. (The Tax Law requires you to disclose your social security number.) If your application is missing social security numbers, we will return it to you.

Line 16 — If you are a manufacturer or wholesaler whose activities are such that you are not required to collect any sales and use tax or pay any sales and use tax directly to the Department of Taxation and Finance, check *No*. Because you are registering only to accept or issue exemption certificates, you need only file an annual information return. There are other instances when you may file an annual return. Refer to Publication 750, *A Guide to Sales Tax in New York State*, for instructions on filing returns and for what constitutes a taxable sale. You will, of course, still have to collect sales or use tax and to pay sales or use tax on any taxable retail sale or purchase.

Line 17 — Business activity — Describe your principal business activity in New York State in the space provided. If you have more than one business activity, attach additional sheets.

North American Industry Classification System (NAICS) — Enter the six-digit code from Publication 910, *NAICS Codes for Principal Business Activity for New York State Tax Purposes*, that best describes your business. Show vendors and entertainment vendors use code **454390**.

Line 18 — You are a sidewalk vendor if you do **not** have a permanent business location, you operate in places other than or in addition to flea markets or other shows, and you make sales from a portable stand, pushcart, or other device. In New York City, you must contact NYC Consumer Affairs for additional information.

Line 19 — Check *Yes* if you do not have a permanent place of business and you participate exclusively in flea markets or other shows.

Line 20 — If *Yes*, you must file Form DTF-716, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products*. For forms, call us at the numbers listed in *Need help?* below.

Line 22 — If *Yes*, you must file Form WCS-1, *Wireless Communications Service Surcharge Report*. For more information, please see memo TSB-M-02(5)M, *Wireless Communications Service Surcharge*. For forms, call us at the numbers listed in *Need help?* below.

Line 23 — If *Yes*, you may be required to file Form MT-170, *Waste Tire Management Fee Quarterly Return*. For more information, please see memos TSB-M-03(3)S, *Initiation of Waste Tire Management Fee on Sales of New Tires* and TSB-M-03(5)S, *Amendments to the Waste Tire Management and Recycling Fee on Sales of New Tires*. For forms, call us at the numbers listed in *Need help?* below.

Lines 24 through 31 — Answer *Yes* or *No* to each question. If you answer *Yes* to any question, enter the required information for that line. Attach additional sheets as necessary to fully answer all questions.

Responsible officers, directors, partners, members, managers, and employees are those who act for the business in complying with the Tax Law.

Questions 29, 30, and 31 apply **only** to corporations.

Line 32 — If you are acquiring all or part of the assets of an existing business by purchase, transfer, or assignment from a vendor registered or required to be registered for collection of sales tax, you **must** file Form AU-196.10, *Notification of Sale, Transfer or Assignment in Bulk*. Please refer to the instructions on the back of Form AU-196.10. For telephone inquiries concerning the

requirements for filing Form AU-196.10, please see *Need help?* below.

Caution: Failure to file Form AU-196.10 may result in an assessment against a purchaser, transferee, or assignee of business assets for liabilities of the previous owner of the business assets.

Signature — This application must be signed by a person whose responsibility it is to act for the business in complying with the Tax Law. This person may be a member of a partnership or LLC, an officer or director of a corporation, the owner of a sole proprietorship, or an authorized employee of the business.

If the application is not signed or is incomplete, we will return it to you.

Mail your application to:

**NYS TAX DEPARTMENT
SALES TAX REGISTRATION UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227**

at least 20 days (but not more than 90 days) before you begin doing business in New York State or before you acquire business assets as described in line 32.

Need help?



Internet access: www.nystax.gov
(for information, forms, and publications)



Fax-on-demand forms: 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Sales Tax Information Center: 1 800 698-2909

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Application for Registration as a Sales Tax Vendor

Please print or type

1 Type of certificate you are applying for
 (You must mark an X in one box; see instructions): Regular Temporary Show Entertainment

2 Legal name of vendor

3 Trade name or DBA (if different from item 2) 4 Federal employer identification number

5 Address of business location (show/entertainment or temporary vendors, use physical home address, not a P.O. box)

Number and street	City	County	State	ZIP code	Country, if not U.S.
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6a Business telephone number (include area code) ()	6b Business fax number (include area code) ()	6c Business e-mail address	7 Date you will begin business in New York State (see instructions) / /	8 Temporary vendors: Enter the date you will end business in New York / /
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9 Mailing address, if different from business address on line 5

c/o name	Number and street	City	State	ZIP code
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10 Type of organization:

Individual (sole proprietor) Partnership Trust Governmental Exempt organization
 Corporation Limited liability partnership Limited liability company Other (specify)

11 Reason for applying: Starting new business Acquiring all or part of existing business Adding a new location
 Change in organization Other (specify)

12 Regular vendors: Will you operate more than one place of business?
 Yes (mark an X in appropriate box below) No
 A Separate sales tax return will be filed for each business location. Complete a separate Form DTF-17 for each location.
 B One sales tax return will be filed for all business locations (complete Form DTF-17-ATT and attach it to this application).

13 List all owners/officers. Attach a separate sheet if necessary. All applicants must complete this section.

Name	Title	Social security number
Home address	City	State ZIP code Telephone number ()
Name	Title	Social security number
Home address	City	State ZIP code Telephone number ()
Name	Title	Social security number
Home address	City	State ZIP code Telephone number ()

14 If your business currently files New York State returns for the following taxes, check the box for the appropriate tax type and enter the identification number used on the return:
 Corporation tax ID # _____ Other (explain) _____ ID # _____
 Withholding tax ID # _____

15 If you have ever registered as a sales tax vendor with New York State, enter the information shown on the last sales tax return you filed:
 Name _____ Identification number _____

16 Do you expect to collect any sales or use tax or pay any sales or use tax directly to the Department of Taxation and Finance? (see instructions)... Yes No

17 Describe your principal business activity in New York State and enter your six-digit NAICS code:

Describe your business activity in detail (attach a separate sheet if necessary)	North American Industry Classification System (NAICS)						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>						

18 Are you a sidewalk vendor? Yes No
 If Yes, do you sell food?..... Yes No
 19 Do you participate solely in flea markets, antique shows, or other shows? Yes No
 20 Do you intend to make retail sales of cigarettes or other tobacco products? Yes No
 21 If you withhold or will withhold New York State income tax from employees, do you need withholding tax forms or information? Yes No
 22 Do you intend to supply two-way wireless communication services to New York State customers? Yes No
 23 Do you intend to sell new tires in New York State? Yes No

24 Have you been notified that you owe any New York State tax?..... Yes No

Type of tax	Amount due	Assessment number (if any)	Assessment date	Assessment currently being protested? Yes <input type="checkbox"/> No <input type="checkbox"/>
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25 Do any responsible officers, directors, partners, members, managers, or employees owe New York State or local sales and use taxes on your behalf, on behalf of another person, as a vendor of property or services, as operator of a hotel, or as recipient of amusement charges?.. Yes No

Individual's name	Street address	City	State	ZIP code
Social security number	Amount due	Assessment number (if any)	Assessment date	Assessment currently being protested? Yes <input type="checkbox"/> No <input type="checkbox"/>

26 Have you been convicted of a crime under the Tax Law during the past year? Yes No

Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)
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27 During the past year, has any responsible officer, director, partner, member, manager, or employee of the applicant been convicted of a crime under the Tax Law?..... Yes No

Individual's name	Street address	City	State	ZIP code
Social security number	Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)	

28 If previously registered as a New York State sales tax vendor, was your *Certificate of Authority* revoked or suspended during that past year? No Yes If Yes, please indicate why _____

Questions 29, 30, and 31 apply to corporations only. If not a corporation, proceed to line 32.

29 If any shareholder owns more than half of the shares of voting stock of the applicant, has this shareholder ever owned more than half of the shares of voting stock of another corporation? No Yes **If Yes, complete questions 30 and 31.**

30 Did this shareholder own these shares of another corporation when the corporation had a tax liability that remains unpaid?..... Yes No

Shareholder's name and SSN	Corporation name	Corporation's federal identification number		
Street address	City	State ZIP code		
Type of tax	Amount due	Assessment number (<i>if any</i>)	Assessment date	Assessment currently being protested? Yes <input type="checkbox"/> No <input type="checkbox"/>

31 Did this shareholder own these shares of another corporation at a time during the past year when the corporation was convicted of a crime under the Tax Law? Yes No

Corporation name	Federal identification number	
Street address	City State ZIP code	
Date of conviction	Court of conviction	Disposition (<i>fine, imprisonment, probation, etc.</i>)

32 If you acquired this business from a registered vendor, did you file Form AU-196.10, *Notification of Sale, Transfer or Assignment in Bulk*, with the Tax Department? Yes No

Former owner's name _____ Address _____ ID # _____

I certify that the information in this application is true and correct. Willfully filing a false application is a misdemeanor punishable under the Tax Law. (*see instructions*)

Signature	Title	Telephone number	Date
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Check this box if you want your sales tax returns mailed to a tax preparer rather than the address on the front of this application. Enter preparer information in the box below:

Name of preparer	Street Address	City	State	ZIP code
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This application will be returned if it is not signed or if any other information is missing.

Mail your application to: NYS Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany NY 12227, at least 20 days (but not more than 90 days) before you begin doing business in New York State.