

New York Nail Salon Wage Bond — Order Form

Please complete all fields below. Fields marked with an asterisk (*) are required to generate your quote.

Contact Information

First Name *	
Last Name *	
Email Address *	
Phone Number *	
Role (Owner / Agent / Attorney / Other)	

Salon / Applicant Information

Legal Business Name (as it will appear on the bond) *	
Type of Entity (Sole Proprietorship / Corporation / Partnership / LLC)	
Salon Address *	
City *	
State *	
ZIP Code *	
NYS Appearance Enhancement Business License Number (if known)	
Effective Date Needed *	

Bond & Staffing Details

Number of Full-Time-Equivalent Nail Specialty Employees *	
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Bond Amount Requested (\$25,000 / \$40,000 / \$75,000 / \$125,000) *	
Current or Previous Surety (if any)	
Reason for New Bond / Change of Surety (if applicable)	

Background Questions

For each question, please answer Yes or No. If "Yes," attach a brief written explanation.

Question	Yes / No
Any lawsuits, liens, or judgments against the business or its owners?	
Any current or past wage claims, DOL complaints, or wage theft findings against the business?	
Has the business or any owner ever declared bankruptcy?	
Has any owner ever been convicted of a crime?	
Has the business license ever been suspended, revoked, or denied?	
Has the business ever been party to a surety bond claim?	
Has a bond application ever been declined or a bond cancelled?	

For security and confidentiality, we will call you to obtain the additional owner information required for the bond.

Authorization

By submitting this form, the applicant(s) authorize our office and its surety partners to conduct investigative inquiries, including credit reports, in connection with this bond application. Any person who knowingly files an application containing materially false, incomplete, or misleading information may be subject to civil and criminal penalties.