TOWN OF BROOKHAVEN BOARD OF ETHICS
TRANSACTIONAL DISCLOSURE FORM

APPLICANT NAME: _____

LAST NAME, FIRST NAME

APPLICANT ADDRESS: _____

STREET, APT.

_____

CITY　　　　　　　STATE　　　　　　ZIP CODE

NATURE 0F APPLICATION: (CHECK ALL THAT APPLY)

- ❐ TAX GRIEVANCE
- ❐ VARIANCE
- ❐ AMENDMENT
- ❐ CHANGE OF ZONE
- ❐ APPROVAL OF PLAT
- ❐ EXEMPTION FROM PLAT OR OFFICIAL MAP
- ❐ LICENSE OR PERMIT
- ❐ OTHER: _____

DOES ANY OFFICER OF THE STATE OF NEW YORK, OFFICER OR EMPL0YEE OF THE TOWN OF BROOKHAVEN, OFFICER OR EMPL0YEE OF SUFFOLK COUNTY, OFFICER OF A POLITICAL PARTY IN SUFFOLK COUNTY OR HIS OR HER SPOUSE, BROTHER, SISTER, PARENT, CHILD, GRANDCHILD, OR THE SPOUSE OF ANY OF THEM HAVE AN INTEREST IN THIS APPLICATION BY VIRTUE OF BEING THE ACTUAL APPLICANT, OR, BY VIRTUE OF HAVING AN INTEREST IN THE CORPORATION, PARTNERSHIP, OR ASSOCIATION MAKING SUCH APPLICATION?

　　　　　　　　　　　　　　　　　　　　　　　　　　　YES　　　NO
　　　　　　　　　　　　　　　　　　　　　　　　　　　❐　　　❐

IF YOU ANSWERED "YES", COMPLETE THE REST OF THE FORM AND DATE AND SIGN WHERE INDICATED.

IF YOU ANSWERED "NO", SIMPLY SIGN AND DATE THE FORM WHERE INDICATED.

INTERESTED PARTY AND NATURE OF INTEREST

NAME: _____

ADDRESS: _____

_____

TITLE: _____　　**DEPARTMENT:** _____

RELATIONSHIP TO PUBLIC OFFICER/EMPL0YEE AND HIS OR HER TITLE IF 0THER THAN SELF: _____

INTERESTED PARTY:

	YES	NO
A.) IS THE OWNER OF GREATER THAN FIVE PERCENT (5%) OF THE CORPORATE STOCK OF THE APPLICANT WHEN THE APPLICANT IS A CORPORATION WHOSE STOCK IS LISTED ON THE NEW YORK OR AMERICAN STOCK EXCHANGES;	❐	❐
B.) THE ACTUAL APPLICANT;	❐	❐
C.) AN OFFICER, DIRECTOR, PARTNER, OR EMPL0YEE OF THE APPLICANT; OR	❐	❐
D.) LEGALLY OR BENEFICIALLY OWNS OR CONTROLS ANY STOCK OF A NON-PUBLICLY TRADED CORPORATE APPLICANT OR IS A MEMBER OF A PARTNERSHIP OR ASSOCIATION OF THE APPLICANT.	❐	❐

_____　　　　　　_____

DATE　　　　　　　　　　　　　　　　　　　　　SIGNATURE OF APPLICANT