

**DTF-17**

Department of Taxation and Finance

Application to Register for a Sales Tax Certificate of Authority

File this application at least 20 days (but not more than 90 days) before starting business in New York State (NYS). Mark an **X** in appropriate box or boxes.

Section A - Starting your business or updating its status

Reason for applying: Starting a new business ☒ Change in organization (Effective: _____) ☐
 Restarting prior business ☐ Purchased existing business ☐ Adding a location ☐

Section B - Business identification Complete all applicable labels

NYBE ID number

751383532

Federal employer ID number (EIN)

990373872

Legal name

Moringo Organics inc

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

Physical address of business location (not a PO box)

80 Orville Dr, Suite 100, Bohemia, NY, 11716, USCounty **Suffolk**

Mailing address, if different from physical address above

Telephone number(s)

855-533-7867

Fax number

Mobile phone number

E-mail address(es)

moringoorganics@gmail.com**Section C - Type of entity or organization**

Mark an **X** in one box only: Individual (sole proprietorship) ☐ Partnership ☐ Limited partnership (LP) ☐
 Limited liability partnership (LLP) ☐ S corporation ☐ C corporation ☒ Government ☐ Trust ☐ Estate ☐
 Limited liability company (LLC) (mark **X** one of the following): Member-managed LLC ☐ Manager-managed LLC ☐

Section D - General business information

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

03/01/2023

You must file your first sales tax return for the filing period that includes this date. You must file even if you change your plans and begin business at a later date or if you do not make any taxable sales during the filing period. If you do not file a return for this period, you will automatically receive a bill, which is subject to penalties and interest.

Temporary vendors : You should register as a temporary vendor if your business is seasonal and you do not expect to make taxable sales for more than two consecutive sales tax quarters.

Enter the date that your business activity will end (mm/dd/yyyy)

Section D - General business information (continued)

If you have more than one permanent place of business, mark an **X** in the appropriate box to indicate how you will file.

Separate sales tax returns for each location (*you must complete a separate Form DTF-17 for each location*) ☐

One sales tax return for all locations (*you must also complete Form DTF-17-ATT with this application*) ☐

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. Please be specific.

A Nutraceutical Company develops, formulates, markets, and distributes an expanding line of clinically Proven herbal supplements sold through E-commerce.

Enter the NAICS code that best describes the principal (and secondary, if appropriate) activity of the business location(s) that you are registering. You can find a list of NAICS codes in Publication 910, *NAICS codes for Principal Business Activity for New York State Tax Purposes*, or by using the online NAICS Code Lookup on our website.

Principal NAICS code (required) **454390**

Secondary NAICS code

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

If Yes, did you file Form AU-196.10, *Notification of Sale, Transfer, or Assignment in Bulk*, with the Tax Department? Yes ☐ No ☐

Note : You risk personal liability for any unpaid sales tax owed by the seller.

Enter the following information about the former owner:

Name	Seller ID number
Address (<i>number and street</i>)	
, NY, US	

Is this a home-based business? Yes ☐ No ☐

Do you intend to accept credit cards? Yes ☒ No ☐

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**

Enter the information for the bank account where sales tax money will be deposited. You must provide this information even if the account you list will not be used exclusively for sales tax purposes.

Manufacturers and wholesalers : enter the primary bank account information of your entity.

Bank name Bank of America	
Routing number 000000000	Account number XXXXXX2232

Section E - Sole proprietors

You must also complete Section K for any additional responsible persons

Enter the owner's information (**Note** : If you do business as an individual or sole proprietor, your business's legal name is your first name, middle initial, and last name):

Owner's name	SSN
Address (number and street)	Phone number

Answer the following questions as they apply to the owner listed above.

Does the owner have any open, unsatisfied judgments, injunctions, or liens in effect today? Yes ☐ No ☐

Does the owner have any felony, misdemeanor, and/or administrative charges currently pending? Yes ☐ No ☐

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

If Yes, please explain:

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? Yes ☐ No ☐

At any time within the last five years, has the owner had any sanction imposed as a result of a judicial, regulatory or administrative proceeding with respect to any license, permit, concession, franchise, or lease? Yes ☐ 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 the applicable due date? Yes ☐ No ☐

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

At any time within the last seven years, has any bankruptcy proceeding been initiated by or against the owner? Yes ☐ 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? Yes ☐ No ☐

Section F - Corporations: corporate officer and shareholder information

All corporations must complete this section.

Enter the name, address, and telephone number of the following:

President's name	Phone number
President's homeaddress (number and street)	
Vice President's name	Phone number
Vice President's homeaddress (number and street)	
Chief Financial Officer's name	Phone number
Chief Financial Officer's homeaddress (number and street)	
Chief Executive Officer's name	Phone number
john Britto	855-533-7867
Chief Executive Officer's homeaddress (number and street)	
5/63 Old Mahapalipuram Road, Opp Sipcot IT Park, Egattur Village Padur, Kelambakkam, 600130, II	
Corporate Secretary's name	Phone number
Corporate Secretary's homeaddress (number and street)	
Treasurer's name	Phone number
Treasurer's homeaddress (number and street)	

Does any shareholder own more than 50% of the shares of the voting stock of the corporation? Yes ☒ No ☐

If Yes, enter name: john Britto

If Yes, did this shareholder own more than 50% of the voting stock of any other corporation at the time that such other corporation owed any tax imposed under the New York State Tax Law that was finally determined to be due and such tax has not been paid in full? Yes ☐ No ☒

Has this shareholder been convicted of a tax crime in the past year? Yes ☐ No ☒

Is the entity a publicly traded corporation?

Yes☐

No☒

If No, enter the requested information for any person with at least a 20% ownership or profit distribution interest.

Name		Phone number
john Britto		855-533-7867
Home address (number and street)		
5/63 Old Mahapalipuram Road, Opp Sipcot IT Park, Egattur Village Padur, Kelambakkam, 600130, II		
Ownership percentage: 100	Profit distribution percentage, if different than ownership percentage:	

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Section G - Partnership, LP, LLP, or LLC: member, partner, and employee informationHas any member(s) been designated as the tax matters partner(s) or as the person(s) responsible for tax issues? Yes ☐ No ☐

If Yes, enter the requested for each person:

Name	Phone number
Home address (number and street)	
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:
Name	Phone number
Home address (number and street)	
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:

Does any partner or member have at least a 20% ownership or profit distribution interest? Yes ☐ No ☐

Name	Phone number
Home address (number and street)	
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:
Name	Phone number
Home address (number and street)	
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:
Name	Phone number
Home address (number and street)	
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

If the applicant marked the Manager-managed LLC box in Section C, enter the name, telephone number, and address of the appointed manager:

Name	Phone number
Home address (number and street)	

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Section H - Business entity background

Has any **owner**, officer, director, partner, or employee of the applicant (or, for LLCs, 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 he/she was a responsible person, received a sales or use tax assessment that has **not** been paid in full? Yes ☐ No ☒

If Yes, is it currently under protest or being paid as part of an *Installment Payment Agreement (IPA)*? Yes ☐ No ☐

Has any **owner**, officer, director, partner, or employee of the applicant (or, for LLCs, 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 he/she was a responsible person, been convicted of any tax crime during the past year? Yes ☐ No ☒

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

If Yes, is it currently under protest or being paid as part of an IPA Yes ☐ No ☐

Has the entity been convicted of any tax crime within the past year? Yes ☐ No ☒

Has this entity previously held a sales tax *Certificate of Authority* Yes ☐ No ☒

If Yes, was the certificate revoked or suspended in the last year? Yes ☐ No ☐

Section I - Business associations

Are you a franchisee? Yes ☐ No ☒

If Yes, provide franchisor's name and address:

Franchisor's name	Franchisor's ID number
Franchisor's address (<i>number and street</i>)	

Is the entity applying for the certificate owned by a different entity? Yes ☐ No ☒

If Yes, enter the name, ID number (EIN, social security number (SSN), or taxpayer ID number (TIN)), and address of the owner:

Name	ID number
Home address (<i>number and street</i>)	

If this entity currently files, has filed in the past, or was required to file sales tax returns or returns for other NYS business taxes, such as corporation tax or withholding tax, enter the ID number(s) and tax type(s) below.

● ID number	Tax type
● ID number	Tax type
● ID number	Tax type

Will a different entity or individual be reporting the income for the operations of this entity on an income partnership, or corporation tax return? Yes ☐ No ☒

Note: If the same entity files the sales tax return and reports income from this business on a tax return or if you are not required to file income tax returns (for example, NYS government entities), mark an **X** in the *No* box.

If Yes, enter the name and ID number of the entity or individual reporting this income:

Name of legal entity or individual	EIN or SSN
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Paid tax preparer information (if you have no preparer, leave this section blank.)

Preparer's or firm's EIN (if known):		Preparer's PTIN (if known):	
Tax preparer's or firm's name		Signature of individual preparing this application	
Preparer's or firm's address			
Preparer's E-mail address:			
Preparer's telephone number	Preparer's NYTPRIN	NYTPRIN <small>excl. code</small>	Date

Section J - Business activity Mark an X in the applicable box for each item

Licenses

Are you or do you intend to be licensed by the NYS Liquor Authority (SLA)?

Yes☐No☒

If you have your license, enter your SLA license number.

Are you or do you intend to be licensed by the NYS Lottery?

Yes☐No☒

If you have your license, enter your Lottery retailer number.

Do you or will you operate a facility registered with the NYS Department of Motor Vehicles (DMV)

Yes☐No☒

If you have your registration, enter your DMV facility number.

Sales of goods and services

Do you intend to sell or provide any of the following goods and services?

Cigarettes or other tobacco products sold at retail

Yes☐No☒

If Yes, complete and attach Form DTF-716, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products.*

New tires (automotive, motorcycle, trailer, etc.)

Yes☐No☒

Passenger car rentals

Yes☐No☒

Motor fuel sold at a filling station

Yes☐No☒

Diesel motor fuel sold at a filling station

Yes☐No☒

Heating fuels, including diesel, firewood, pellets, or coal

Yes☐No☒

Electricity or gas (including propane in containers of 100 pounds or more), steam, or refrigeration

Yes☐No☒

Mobile telecommunications service

Yes☐No☒

Other telecommunications service, including telephone answering service

Yes☐No☒

Clothing or footwear

Yes☐No☒

Nassau or Niagara County only:

Hotel, motel, or other accommodations located in Nassau County or Niagara County

Yes☐No☐

Restaurant or tavern food or drink, or other food service (including catering, take-out, cafeterias, etc.) located in Nassau County or Niagara County

Yes☐No☐

Admissions to places of amusement, club dues, and/or cabaret charges located in Niagara County

Yes☐No☐

New York City only:

Parking or garaging services

Yes☐No☐

Beauty, barbering, or other personal services

Yes☐No☐

Credit rating or reporting services

Yes☐No☐

Hotel, motel, or other accommodations

Yes☐No☐

Other:

Are you a manufacturer or a wholesaler that does not make retail sales? Yes ☐ No ☒

Will you participate solely in flea markets, antique shows, or other shows? Yes ☐ No ☒

Will you conduct business solely as a sidewalk vendor? Yes ☐ No ☒

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Section L - Signature of responsible person

Complete all labels

I certify that I am the responsible person for the applicant selected above 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, I understand and agree that I am electronically signing and filing this application.

Name john Britto		SSN	Date 01/17/2023
Signature john Britto	Title CEO		Daytime telephone number (855)533-7867

If your application is missing information or is not signed, we will return it to you.


DTF-17-ATT
01/23

Department of Taxation and Finance

(01/23) V13

Schedule of Business Locations For a Consolidated Filer

Use this schedule if:

- you checked box 13b on Form DTF-17, *Application to Register for a Sales Tax Certificate of Authority*; or
- you are already a registered sales tax vendor and you are going to open an additional location(s) and file a consolidated return.

You must wait to receive your sales tax *Certificate of Authority* before you begin business at the new location.

Do not use this schedule if you will be filing separate sales tax returns for each location. See Tax Bulletin ST-360 (TB-ST-360). *How to Register for New York State Sales Tax*.

For Department Use Only

ID _____

Legal name Moringo Organics inc	Sales tax identification (ID) number 990373872
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DBA or trade name (if different than legal name above)
--

Address

County	Business phone number	Date business will begin at this location:
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Signature of responsible person - Complete all fields

I certify that the above statements are true, complete, and correct, and that no material has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Tax Law Article 37, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Name john Britto	SSN	Date 01/17/2023
Signature john Britto	Title CEO	Daytime telephone number (855)533-7867

If your application is missing information or is not signed, we will return it to you.

Mail your completed schedule to:

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

Need help?

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



Sales Tax Information Center (518)485-2889
In-state callers without free long distance: 1 800 698-2909
To order forms and publications: (518)457-5431
In-state callers without free long distance: 1 800 462-8100



Text Telephone (TTY) Hotline
(for persons with hearing and speech disabilities using a TTY): 1 800 634-2110

Section K - Business contacts and Responsible person

Responsible person

Enter the applicable information for all RPs. This includes, owners, general partners, members, and any other person or officer responsible for the business's day-to-day operations. You must provide all the information required, including SSN. Attach a separate sheet if necessary.

Name (first, middle initial, last, suffix)		Business title	
john Britto		CEO	
Date of birth	Home address (number and street: not a PO Box)		
11/04/1997	5/63 Old Mahapalipuram Road, Opp Sipcot IT Park, Egattur Village Padur, Kelambakkam 600130, II		
SSN	Home phone number	Effective date of assuming responsibility	
	855-533-7867	02/28/2012	
E-mail address:			
Is this person a Responsible Person?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
All RPs must provide the following - except for C corporations, government entities, trusts, and estates		Ownership percentage: 100	Profit distribution percentage, if different than ownership percentage:
Will this person be actively involved in operating this business on a daily basis?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will this person be involved in deciding which financial obligations are paid?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will this person be involved in personnel activity (such as hiring or firing)?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Enter the primary duties:			
<input checked="" type="checkbox"/> Check Signing Authority <input checked="" type="checkbox"/> Prepare Tax Returns <input checked="" type="checkbox"/> Authority Over Business Decisions <input checked="" type="checkbox"/> Tax Manager or General Manager			
Answer the following questions as they apply to the RP listed above.			
Does this RP have any open, unsatisfied judgments, injunctions, or liens in effect today?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this RP have any felony, misdemeanor, and/or administrative charges currently pending?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last five years, have there been any judgments, injunctions, or liens issued against this RP?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last five years, has this RP had any permit, license, concession, franchise, or lease terminated for cause or revoked for any reason?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last five years, has this RP been investigated by any governmental or quasi-governmental agency, including but not limited to federal, state, and local regulatory agencies?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please explain:			
At any time within the last five years, has this RP been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last five years, has this RP had any sanction imposed as a result of a judicial or administrative disciplinary proceeding with respect to any license, permit, concession, franchise, or lease?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last five years, has this RP failed to file any applicable federal, state, or New York City tax return by its due date?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last five years, has this RP failed to pay any applicable taxes or assessed government charges by its due date?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please explain:			
Has any bankruptcy proceeding been initiated by or against the RP within the past seven years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
At any time within the last ten years, has the RP been convicted of a felony and/or any crime related to truthfulness and/or business conduct?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>