

**CONSUMER PROTECTION / WEIGHTS & MEASURES**

50 Sanatorium Road, Building A, 8<sup>th</sup> Floor  
Pomona, New York 10970  
Phone: (845) 364-3901 Fax: (845) 364-3902  
Email: CPLCAL@co.rockland.ny.us

**Kimberly Von Ronn, Esq.**  
*Director and Public Advocate*

Dear Sir or Madam:

Chapter 362 of the Laws of Rockland County, formerly Rockland County Local Law No, 8-1981, requires that persons doing business as theater promoters, professional fund raisers and professional solicitors obtain a license. Any person operating this type of business in Rockland County without a license will be subject to civil and/or criminal penalties.

Enclosed are general instructions, a license application and other related forms. Before filling out the enclosed application, be sure to read the instructions carefully. The application must be notarized.

Any application received by this office which is not complete and/or missing any of the required documentation will be returned.

To allow sufficient time to process your application, please return it as soon as possible. If you have any questions concerning the enclosed materials, please contact this office.

Enclosure(s)

County of Rockland  
Office of Consumer Protection  
Licensing Division

Professional Fund Raiser / Theater Promoter

**THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE. A LICENSE MUST ACTUALLY BE IN POSSESSION OF THE LICENSEE BEFORE ANY OPERATION MAY BE LEGALLY CONDUCTED.**

Failure to complete the required information or the giving of false information in the application may result in the denial of said application for a license or any renewal thereof, as well as cancellation or revocation in the event such license has been issued.

FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

The licensing provided shall apply solely to Local Law 8-1981 of the County of Rockland and the issuance of a license is subject to verification under the requirements of this local law.

- 1) THE APPLICATION must have all questions answered accurately and completely, signed before a Notary Public and thereafter filed with this Office.
- 2) INDIVIDUALS operating under a trade name shall submit a certified copy of the business certificate filed in the Rockland County Clerk's Office.
- 3) PARTNERSHIPS shall submit a certified copy of the partnership certificate filed in the Rockland County Clerk's Office.
- 4) CORPORATIONS shall submit a copy of its certificate of incorporation with the filing receipt. A foreign corporation shall submit its certificate for authority to do business in New York State with the filing receipt. A corporation shall also furnish the name, address and title of an officer of the corporation or designated agent of service upon whom process or other legal notices may be served.
- 5) The applicant will be required to describe exactly the type of business that the applicant intends to conduct, location and dates that the event will be held, and where the applicant will establish his office(s) within the county.
- 6) The applicant will be required to submit the name and address of the owner(s) of the business premises and state whether or not the business premises are owned or rented, and if rented from whom.
- 7) The applicant will submit a copy of the completed contract between the applicant and the sponsoring organization a copy of the current itinerary and a copy of the "script(s)" used in the telephone solicitations.
- 8) CERTIFICATE OF CHARITIES REGISTRATION: submit a copy of the Certificate of Registration as a fund raiser from the New York State Department of State for the applicant and the sponsoring organization.

- 9) PHOTOS: One (1) passport type photographs (2" x 2" – head and shoulders only) taken within the last 60 days (vending machine prints are not acceptable) or copy of current driver's license if photo is clear will be required as follows:
  - a) Each professional solicitor must submit with their application
- 10) JUDGMENTS: List all unsatisfied judgments in which the applicant, partner(s), or if a corporation, each officer and stockholder are named as judgment debtor.
- 11) CRIMINAL CONVICTIONS: List all criminal convictions within the last ten (10) years, except minor traffic violations of the applicant, partner(s) or if a corporation, each officer and stockholder of ten (10) percent or more of stock.
- 12) SCHEDULE OF FEES:
  - a) Each application for a theater promoter's license or professional fund raiser's license shall be accompanied by a non-refundable license fee of FIVE HUNDRED and 00/100 (\$500.00) DOLLARS check or money order made payable to Rockland County Commissioner of Finance.
  - b) Each application for a solicitor registration shall be accompanied by a non-refundable fee of FIFTY and 00/100 (\$50.00) DOLLARS check or money order made payable to Rockland County Commissioner of Finance.
- 13) BOND: or other surety naming the County of Rockland as obligee in an amount at least equal to the total amount of the expected ticket receipts for all performances prior to the selling of any tickets for such performances.
- 14) ROSTER OF EMPLOYEES: Each licensee must submit a roster of his agents, employees or duly authorized representatives for approval by the sealer.
- 15) Applicant must submit Form C-105.2, Form SI-12 or Form U26.3 as proof that he or she has obtained the required workers' compensation insurance and Form DB 120.1 or Form DB155 as proof of disability benefits coverage. County of Rockland, Consumer Protection Office must be listed as Certificate Holder. Only the most current version of the forms will be accepted.
- 16) Applicants who are not required by law to carry worker's compensation and/or disability benefits insurance should submit Form CE-200. (Form CE-200, Certification of Attestation for New York Entities With No Employees And Certain Out of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required). The form can be filled out electronically on the NYS Workers' Compensation Board website at [www.wcb.state.ny.us](http://www.wcb.state.ny.us), click on common forms and search by form number. Print a finished form to submit with your application. Paper forms are available but estimated processing time for paper applications is four weeks.
- 17) In addition, you must submit proof that you possess a New York State Sales Tax Identification Number.
- 18) Each applicant must complete and submit a completed and notarized Child Support Certification with their application pursuant to NYS General Obligations Law §3-503. If a business partnership, each partner must submit Child Support Certification.

**LICENSE IS NOT TRANSFERABLE**

**DO NOT WRITE IN THIS SPACE**

ROCKLAND COUNTY  
DEPT. OF WEIGHTS & MEASURES  
OFFICE OF CONSUMER PROTECTION  
LICENSING DIVISION

LIC NO.	_____
RECEIPT NO.	_____
DATE	_____
FEE PAID \$	_____
BOND TO THE COUNTY OF ROCKLAND:	_____
CSC RECEIVED:	_____

**APPLICATION FOR LICENSE AS A  
THEATER PROMOTER  
PROFESSIONAL FUND RAISER  
COMMERICAL CO-VENTURER**

ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE

CHECK BOX TO INDICATE TYPE OF OWNERSHIP

Corporation

Co-partnership

Individual Owner

Name of Business \_\_\_\_\_

Business Address Street \_\_\_\_\_

Town or Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone No.: ( ) - \_\_\_\_\_

Trade/Assumed or Display Name \_\_\_\_\_

Name of Applicant (Last, First, Middle) \_\_\_\_\_

Home Address Street \_\_\_\_\_

Town or Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No.: ( ) - \_\_\_\_\_

Date of Birth (MM//DD/YYYY) \_\_\_\_\_ Sex:  M  F

Partnership:  Yes  No

If Yes, list name and address of each Partner:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corporation:  Yes  No

If Yes, list name, title and address of any officer of the corporation or a designated agent of service upon whom process or other legal notice may be served.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corporate Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corporate Title: \_\_\_\_\_

USE ADDITIONAL SHEETS IF NECESSARY

**LIST ALL UNSATISFIED JUDGEMENTS** in which the applicant, partner (s) or if a corporation, each officer are named as judgement debtors. If none so state. (Use extra sheets if necessary).

Date	Name of Judgement Debtor	Name of Judgement Creditor	Disposition - Court and Date

**LIST ALL CRIMINAL CONVICTIONS** within the last ten- (10) years except minor traffic violations of the applicant, partner (s) or if a corporation, each officer. If none, so state. (Use extra sheets if necessary).

Date	NAME	CHARGE	Disposition - Court and Date

**INSURANCE AND SALES TAX INFORMATION**

POLICY TYPE	POLICY NUMBER	COMPANY NAME	EXPIRATION DATE
LIABILITY			
WORKERS COMPENSATION			
DISABILITY			

N.Y.S. SALES TAX AUTHORIZATION NUMBER: \_\_\_\_\_

(SUBMIT CERTIFIED COPIES OF CERTIFICATES FOR ABOVE)

**YOU ARE REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE (S) IN THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION.**

**NOTE:** False statements made herein are punishable by a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SWORN BEFORE ME THIS DATE: \_\_\_\_\_ COMM. OF DEEDS - NOTARY PUBLIC  
 \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ County \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_

ROCKLAND COUNTY  
DEPT. OF WEIGHTS AND MEASURES  
OFFICE OF CONSUMER PROTECTION  
LICENSING DIVISION

BOND INFORMATION TO BE FILED WITH APPLICATION FOR A LICENSE AS A THEATER PROMOTER.

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.

DATE: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address Main Office: \_\_\_\_\_  
Business Address Rockland Office: \_\_\_\_\_  
Business Telephone: Main Number: \_\_\_\_\_ Rockland Office: \_\_\_\_\_

2. Premises where event is to be held:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Describe exactly the type of business applicant intends to conduct:  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the applicant own  or rent  (check one) the business premises where the event will be held? If the applicant rents, give name and address of person from whom you rent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name and address of owner(s) of the business premises:

\_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Date(s) of Performance(s): From \_\_\_\_\_ To \_\_\_\_\_

Number of performances to be held: \_\_\_\_\_

Total amount of expected ticket receipts from all performances: \$ \_\_\_\_\_

If all tickets for all performances are not of the same value, explain. (Use additional sheets if necessary.)

\_\_\_\_\_

5. Performance bond or other surety naming the County of Rockland as obligee: (submit with application)

Name of bonding company: \_\_\_\_\_

Bond # \_\_\_\_\_ Amount of Bond: \_\_\_\_\_

(amount must equal total amount of expected ticket receipts from all performances)

Date of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

6. If applicant previously licensed give name, license # and by whom.

\_\_\_\_\_  
\_\_\_\_\_

7. Other businesses interested in. \_\_\_\_\_

8. Other licenses held. \_\_\_\_\_

9. Has any Theater Promoter's license ever been denied, cancelled, suspended or revoked? Yes

No

If Yes, why? \_\_\_\_\_

\_\_\_\_\_

**NOTE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.**

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this  
\_\_\_\_\_ Day of \_\_\_\_\_, 20

Comm. Of Deeds  
Notary Public

\_\_\_\_\_

No. \_\_\_\_\_ County

COUNTY OF ROCKLAND  
OFFICE OF CONSUMER PROTECTION  
LICENSING DIVISION

18 New Hempstead Road, 6<sup>th</sup> Floor  
New City, NY 10956

License No.: \_\_\_\_\_

**ROSTER OF EMPLOYEES**

Please Type or Print

APPLICANT: \_\_\_\_\_  
Individual  Partnership  Corporation

TRADE NAME: \_\_\_\_\_

BUSINESS PHYSICAL STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

The Applicant must list his agents, employees or duly authorized representatives.

NAME	TITLE	RESIDENT ADDRESS	SIGNATURE

USE ADDITIONAL SHEET IF NECESSARY

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature & Title of Applicant

**NOTICE MUST BE GIVEN TO THIS OFFICE IMMEDIATELY OF ANY CHANGE IN  
PERSONNEL**



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**Kimberly Von Ronn, Esq.**  
*Director and Public Advocate*

TO: Licensees & Applicants

RE: Child Support Certification

New York State law (General Obligation Law, Section 3-503) **REQUIRES** this office to gather information to allow the Department of Social Services to determine if applicants for a license issued by this office and those seeking to renew their license are in default of their obligation to pay child support.

Therefore, you must fill out the attached form completely and sign same before a notary. The information you supply will be checked by the Department of Social Services against a nationwide database to confirm that you are not in default on child support obligations.

**PLEASE TAKE NOTICE** that providing false information may result in criminal charges and, in addition, may result in the denial of your application or renewal of your license.

**PLEASE TAKE FURTHER NOTICE** that any persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits including, but not limited to, licenses issued pursuant to section 11-0713 of the environmental conservation law.

Thank you for your cooperation in this matter.


**CHILD SUPPORT CERTIFICATION**  
 Rockland County Office of Child Support Enforcement

To Be Filled Out By The Licensing Agency:  Solid Waste Commission  Department of Consumer Protection  Department of Health  
 Department of Public Safety  County Clerk  Other

LICENSE BEING APPLIED FOR

PRINT IN BLOCK LETTERS WITHOUT TOUCHING THE SIDES OF THE BOXES

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Last Name	_____																
First Name	_____																
Social Security	___	-	___	-	___	Date of Birth		__	__	__	__	__	__				
						M	M	D	D	Y	Y						
Home Address	_____																
City	_____	State	___	Zip	_____												

I, \_\_\_\_\_ being duly sworn make the following statement:

(Choose 1 or 2, and put an "X" in the box in front of whichever is appropriate)

- 1. I am **not** under a court or administrative order to pay child support, **OR**
- 2. I am under an obligation to pay child support. My child support account number is (if applicable) \_\_\_\_\_

(If you chose #2, put an "X" in front of the applicable statement

- A. I do not owe arrears equal to 4 months or more of child support payments.
- B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
  - I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.
  - My child support obligation is the subject of a pending court proceeding.
  - I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is \_\_\_\_\_
- C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby authorize NYS Child Support, including Rockland County Child Support Enforcement Unit, to release any records pertaining to my child support case to the above-named Licensing Agency.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this \_\_\_\_\_ day \_\_\_\_\_ x \_\_\_\_\_  
 of \_\_\_\_\_, \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
 Notary Public State of New York Date \_\_\_\_\_

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE.

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

- Information verified, or status of case unknown to OCSE.  
 Verifying Section & Supervisor: \_\_\_\_\_
- Information is at variance with OCSE records.  
 Date: \_\_\_ - \_\_\_ - \_\_\_