

CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th 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 that 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 Solicitor

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.

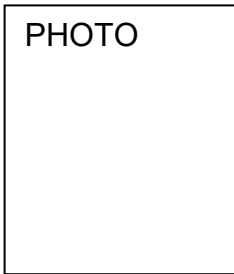
FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

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) Each Professional Solicitor associated with the event must individually apply.
- 3) 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.
- 4) JUDGMENTS: List all unsatisfied judgments in which the applicant, partner(s), or if a corporation, each officer and stockholder are named as judgment debtor.
- 5) 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.
- 6) SCHEDULE OF FEES:
 - a) 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.
- 7) Each applicant must complete and submit a completed and notarized Child Support Certification with their application pursuant to NYS General Obligations Law §3-503.

LICENSE IS NOT TRANSFERABLE

(2/16)



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
PROFESSIONAL SOLICITOR**

ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE

Name of Professional Fundraiser _____ Dates of Event _____

Name of Business _____

Trade/Assumed or Display Name _____

Business Address Street _____

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

Name of Applicant (Last, First, Middle) _____

Home Address Street _____

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

Date of Birth (MMDDYYYY) _____ Sex: M F

**LIST ALL UNSATISFIED JUDGEMENTS where named as judgement debtor. 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. If none, so state.
(Use extra sheets if necessary).**

DATE	NAME	CHARGE	DISPOSITION - COURT AND DATE

**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. _____

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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

P	R	O	F	E	S	S	I	O	N	A	L		S	O	L	I	C	I	T	O	R				
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THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Last Name	_____																								
First Name	_____																								
Social Security	___	-	___	-	___	Date of Birth		__	__	__	__	__	__	__	__	__	__	__	__	__	__	__	__	__	__
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: ___ - ___ - ___