

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 Consultant:

Local Law #5 of 1996 requires persons providing tax grievance consulting services within the County of Rockland to be licensed by the Rockland County Office of Consumer Protection.

The licensing requirement is effective 4/24/96. Please note that any contract or agreement entered into on or after that date must be in compliance with the requirements of the law.

A copy of the law and the required application form is enclosed. All applications must be completed in full and accompanied by a \$200.00 nonrefundable application fee payable to the Rockland County Commissioner of Finance.

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

OFFICE OF CONSUMER PROTECTION
COUNTY OF ROCKLAND
50 Sanatorium Road, Building A, 8th Floor
Pomona, NY 10970

TAX GRIEVANCE CONSULTANTS

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.

GENERAL INSTRUCTIONS

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 herein provided shall apply solely to Local Law # 5 of 1996. The issuance of a license is subject to verification of the requirements herein provided.

- 1) THE APPLICATION must be signed and notarized. If notarized by an out-of-state notary, it must have annexed thereto a County Clerk's Authenticating Certificate.
- 2) One (1) passport type photograph will be required as follows:
 - a) An individual
 - b) All partners in a partnership
 - c) Corporate officers, who are authorized to enter into a contract, and
 - d) All other personnel dealing with the public in connection with the execution of a contract (excluding retail clerks)

All passport type photos submitted with the application must have been taken within the past six (6) months.

- 3) You will be required to list any criminal convictions.
- 4) A CORPORATION must submit a copy of its filing receipt showing the filing of the corporation with the Secretary of State.
- 5) A FOREIGN CORPORATION must submit a copy of the application for authority to do business in New York State from the New York Secretary of State granting the corporation the authority to do business in New York State.
- 6) A PARTNERSHIP conducting business under a trade name, must submit a certified copy of the partnership certificate filed in the Rockland County Clerk's Office.
- 7) AN INDIVIDUAL, operating under a trade name shall submit a certified copy of the trade name certificate filed in the Rockland County Clerk's office.
- 8) The following enclosed forms must be completed:
 - a) License application

- b) Qualifying Experience Record. Completion of this form is required by any individual, partner, officer or stockholder who is active in the operation of said licensed business.
- 9) The fee for licensing shall be two hundred and 00/100 (\$200.00) dollars payable by check or money order only to Rockland County Commissioner of Finance with the filing of the application. The annual renewal fee shall be one hundred fifty and 00/100 (\$150.00) dollars. Duplicate licenses to replace lost, destroyed or mutilated licenses shall be fifty and 00/100 (\$50.00) dollars. In the event that the applicant shall have more than one place of business, the license shall be affixed in a conspicuous place. Any additional certified copies of licenses shall be issued for such other locations for display at a fee of fifty and 00/100 (\$50.00) dollars per license.
- 10) 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.
- 11) 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 <http://www.wcb.ny.gov/>, 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.
- 12) 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.

ALL LICENSE FEES ARE NONREFUNDABLE

(11-17)

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 \$ _____
CSC: _____

APPLICATION FOR LICENSE AS A TAX GRIEVANCE CONSULTANT

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: _____

Describe exactly the type of business applicant intends to conduct:

ALL EMPLOYEES of a Tax Grievance Consultant who deal with the public and have authority to estimate, negotiate and finalize all contractual agreements must be listed.

NAME	RESIDENCE ADDRESS	DESCRIPTION OF DUTIES

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. WEIGHTS & MEASURES
OFFICE OF CONSUMER PROTECTION
LICENSING DIVISION

QUALIFYING EXPERIENCE RECORD TO BE FILED WITH APPLICATION FOR A
LICENSE AS A TAX GRIEVANCE CONSULTANT

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

**This form is to be completed by any individual, partner or officer or person possessing 10% or
more of the corporate stock and who are actually engaged in the licensed business.**

DATE:

1. Name: _____
Home Address: _____
Home Telephone Number: _____
Business Name: _____
Business Address: _____
Business Telephone Number: _____

2. I have had at least _____ years experience as a Tax Grievance Consultant, or in
related activities, which similarly tend to establish my competence to operate as a Tax
Grievance Consultant.

PRACTICAL EXPERIENCE

Firm Name	Address	Dates	Position Held	Description of Duties

THEORETICAL OR EDUCATIONAL
Type of Courses

Name of School	Address	Degree Granted	Dates Attended

State below any other information which you feel would tend to establish your competence to operate a Tax Grievance Consultant Business.

3. If business previously licensed give name, license number and by whom.

4. Other businesses interested in.

5. Other licenses held.

6. Has any trade license ever been denied, cancelled, suspended or revoked?

Yes No

If so, why?

7. **List** all criminal convictions within the past 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)

<u>DATE</u>	<u>NAME</u>	<u>CHARGE</u>	<u>DISPOSITION/COURT & DATE</u>
-------------	-------------	---------------	-------------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

If a Trade Name is used, certified copy of same from County Clerk must be filed with this application.

If a Co-Partnership, certified copy from County Clerk of Partnership must be filed with this application.

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Phone: (845) 364-3901 Fax: (845) 364-3902
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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

T	A	X		G	R	I	E	V	A	N	C	E		C	O	N	S	U	L	T	A	N	T		
---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--

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: ____ - ____ - ____