

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 369 of the Laws of Rockland County requires that persons doing business as transient merchants obtain a Rockland County 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 the general instructions, a license application, and other related forms. Before filling out the enclosed application form, please 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. Contact this office with any questions concerning the enclosed materials.

Enclosure(s)

COUNTY OF ROCKLAND
OFFICE OF CONSUMER PROTECTION
LICENSING DIVISION

TRANSIENT MERCHANTS

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 13-1983 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 in person.
- 2) INDIVIDUALS operating under a trade name shall submit a certified copy of the trade name 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 and, if a foreign corporation, its application for authority to do business in New York State. 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.
- 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) PHOTOS: Two (2) passport type photographs (2" x 2" – head and shoulders only) taken within the last 60 days (vending machine prints are not acceptable) 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,
 - d) All other personnel dealing with the public in connection with the execution of a contract (excluding retail clerks).
- 8) JUDGMENTS: List all unsatisfied judgments in which the applicant, partner(s), or if a corporation, each officer and stockholder are named as judgment debtor.

- 9) 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.
- 10) SCHEDULE OF FEES:
- a) License fee: check or money order made payable to the Rockland County Commissioner of Finance.
 - i) One (1) month : \$300.00
 - ii) Six (6) months: \$500.00
 - iii) One (1) year: \$700.00
- 11) ROSTER OF EMPLOYEES: Each licensee must submit a roster of his agents, employees or duly authorized representatives for approval by the sealer.
- 12) 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.
- 13) 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.
- 14) In addition, you must submit proof that you possess a New York State Sales Tax Identification Number.
- 15) 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

(11-17)

TERM OF LICENSE	
ONE MONTH	<input type="checkbox"/>
SIX MONTHS	<input type="checkbox"/>
ONE YEAR	<input type="checkbox"/>

DO NOT WRITE IN THIS SPACE

LIC NO.	_____
RECEIPT NO.	_____
DATE	_____
FEE PAID \$	_____
CSC RECD	_____

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

APPLICATION FOR LICENSE AS A TRANSIENT MERCHANT
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 (MMDDYYYY) _____ 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: _____

ALL EMPLOYEES of a Transient Merchant 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. _____

License # _____

ROCKLAND COUNTY
DEPT OF WEIGHTS & MEASURES
OFFICE OF CONSUMER PROTECTION

TRANSIENT MERCHANT

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

Date: _____

Name of Applicant: _____

Home Address: _____

Business Address: _____

Bus Main Office Address: _____

Bus Address Rockland County Office: _____

Describe exactly the type of business the applicant intends to conduct:

Premises where Event is to be held and date(s) of event.

Name: _____

Address: _____

Does the applicant own or rent (check one) the business premises? If the applicant rents, give name and address of person from whom you rent. (Submit a copy of the rental agreement.)

Name: _____

Address: _____

Name and address of the owner of the business premises:

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

Other businesses interested in.

Other licenses held.

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

Yes No

If so, 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 _____

If a trade or assumed name is used, submit a certified copy of the Business Certificate filed with the Rockland County Clerk.

If a partnership, submit a certified copy of the Partnership Certificate filed with the Rockland County Clerk.

If a domestic corporation, furnish a copy of the Filing Receipt from NYS Dept of State Division of Corporation. If a foreign corporation, furnish a copy of the Filing Receipt for Authority to Do Business in New York. If your corporation does business under an assumed name, furnish a copy of the Filing Receipt for Assumed Name Certificate.

COUNTY OF ROCKLAND
OFFICE OF CONSUMER PROTECTION
LICENSING DIVISION

50 Sanatorium Road, Building A, 8th Floor
Pomona, NY 10970

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.

