

EDWARD P. MANGANO  
COUNTY EXECUTIVE



MADALYN F. FARLEY  
COMMISSIONER

COUNTY OF NASSAU  
OFFICE OF CONSUMER AFFAIRS  
240 OLD COUNTRY ROAD  
MINEOLA, NEW YORK 11501-4255  
(516) 571-2600

Dear Vendor:

Enclosed is the Nassau County license application. Please read and follow all enclosed instructions.

Mail your completed application and applicable fee to:

The Office of Consumer Affairs  
240 Old Country Road  
Mineola, New York 11501

Attention: Licensing

If your application is not complete, it will be returned to you and you may have to appear in person. If so, an appointment will be made for you to see a licensing representative.

Please be sure to read all the instructions before submitting the application. Licenses will not be considered for incomplete or incorrect applications.

Very truly yours,

A handwritten signature in cursive script that reads "M. Farley". The signature is written in black ink and is positioned above a horizontal line.

MADALYN F. FARLEY  
COMMISSIONER

MFF/mfp

PLEASE MAKE ALL CERTIFIED CHECKS or POSTAL MONEY ORDERS PAYABLE TO:  
THE COUNTY OF NASSAU



**NASSAU COUNTY**  
**OFFICE OF CONSUMER AFFAIRS**  
240 OLD COUNTRY ROAD, MINEOLA, NY 11501  
[WWW.NASSAUCOUNTYNY.GOV](http://WWW.NASSAUCOUNTYNY.GOV)  
PHONE: (516) 571-2600 FAX: (516) 571-3389

**ELECTRONIC OR HOME APPLIANCE REPAIR SERVICE LICENSE APPLICATION**  
**GENERAL INSTRUCTIONS**

\*\*\*\* THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE\*\*\*\*

A LICENSE MUST ACTUALLY BE IN THE POSSESSION OF THE LICENSEE  
BEFORE ANY OPERATION OR PROMOTION THEREOF 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 thereto, as well as cancellation, suspension or revocation in the event such license has been issued. Falsification of an official document is punishable under the law. The issuance of a license is subject to verification of the information provided in the application.

1. An application must be signed before a Notary Public and thereafter filed with this Office. If the application is made by an out-of-state individual, partnership or Corporation, you must provide a Certificate of Authority to do business in NY State.

2. The following enclosed forms must be completed:

- a) APPLICATION form completed and NOTARIZED by an owner or corporation principal.
- b) DISCLOSURE: each individual, partner, officer, director, stockholder, manager and salesperson of the business must complete this form and have it NOTARIZED.

3. Two (2) passport type(2"x2") photographs, taken within the past 6 months, MUST be submitted for:

- a) each individual
- b) all partners in a partnership
- c) all corporate officers, directors and stockholders
- d) all employees and/or salespersons who have the authority to estimate and/or negotiate a contract.

Photos must be free of any hats and/or sunglasses. Home photos are NOT acceptable.

4. Each of the above must also submit proof of residence. This proof must be a NYS DMV Drivers License or Non Driver ID Card AND ONE of the following only: a current utility bill (electric or home telephone), NYS Auto Registration or a copy of a current lease. Please be advised, PO Boxes are NOT acceptable.

5. You must also submit a copy of a current utility bill or a current lease to show proof of business location, if the business address is different from the home address.

6. A copy of the business phone bill showing the land line business phone number and address must be submitted. Cell phones and toll free numbers are not permitted for this requirement. Home phones are acceptable as business numbers if you are doing business from your home.

7. All persons are required to state all criminal convictions, including DWI, DWAI and DUI, and provide an official disposition from the applicable court. A complete copy of the court case may be required.

8. Trade Names, Partnerships and Corporations.

a) individuals using their own name or a trade name must present a certified copy of the business certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X201)

b) a partnership conducting business, must submit a certified copy of the partnership certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X74)

c) a corporation must furnish a copy of the Secretary of State's Filing receipt. If this is not a New York corporation, you must submit a Certificate of Authority to do business in New York State.

d) If your corporation is using a DBA, you must submit an Assumed Name Certificate that has been filed with New York State authorizing you to use the name in Nassau County.

e) All corporations must furnish the original and current corporate structure naming all principals, officers, directors and stockholders including all minutes showing changes made to the corporate structure.

NOTE: If the Corporation was formed more than 3 years ago, you must also submit a Certificate of Good Standing issued by the New York State Bureau of Corporations. (518) 473-2492.

9. A Certificate of Insurance, with Nassau County Consumer Affairs as the certificate holder, MUST be provided to show proof of liability coverage. Coverage requirements can be found on a separate sheet.

10. A Certificate of Workman's Compensation is required covering all employees. If you DO NOT have employees, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board. The form can be obtained online at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or by calling (866) 546-9322.

11. NY State law requires ALL businesses to have a Federal Employers Identification number, and a NY State Sales Tax number if you collect sales tax. You must list these numbers on your application or it will NOT be accepted. You can obtain these numbers by calling 1(800) 829-4933 for Federal and (518) 457-5431 for Sales Tax.

ALL PAYMENTS MUST BE MADE BY CERTIFIED CHECK OR POSTAL MONEY ORDER PAYABLE TO THE COUNTY OF NASSAU.

Nassau County Electronic or Home Appliance Repair Service License fees are as follows:

- |  |          |
|--|----------|
| 1. Application for a two (2) year license: | \$500.00 |
| 2. Additional location:                    | \$100.00 |
| 3. Duplicate for Lost License              | \$ 50.00 |
| 4. Name change:                            | \$100.00 |

Please be advised, ANY name change MUST be accompanied by a fully completed application in proper form, and the original current license MUST be surrendered.



COUNTY OF NASSAU  
OFFICE OF CONSUMER AFFAIRS  
240 OLD COUNTRY ROAD  
MINEOLA, NEW YORK 11501-4255  
(516) 571-2600

NASSAU COUNTY ELECTRONIC OR APPLIANCE REPAIR LICENSE

REQUIRED LIABILITY INSURANCE COVERAGE

A current/in effect Certificate of Insurance MUST accompany your application with the following information included:

- 1) Producer's name, address and phone number.
- 2) Insured's name and address exactly as the application reads. All business locations must be listed on the certificate.
- 3) Type of insurance shown, Policy number, policy effective and expiration dates and a full description of the type work covered under the policy.
- 4) Authorized Representative Signature.
- 5) Limits of Insurance:      Bodily Injury - \$100,000.00/300,000.00  
   Property Damage - \$50,000.00/50,000.00  
   Combined Limit - \$300,000.00 minimum.

DEDUCTIBLES ARE NOT ACCEPTABLE

- 6) Certificate Holder:      Nassau County Office of Consumer Affairs  
   240 Old Country Road  
   Mineola, New York 11501
- 7) Cancellation Notice:      A notice shall be sent to this office within 15 days prior to  
   any cancellation, non-renewal, or change in coverage of a  
   license holder's insurance policy.



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 PHONE: (516) 571-2600

*FOR OFFICE USE ONLY*

**Application Fee** \$500.00  
 Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 CC/MO No.: \_\_\_\_\_  
 Issued By: \_\_\_\_\_

**ELECTRONIC OR HOME APPLIANCE REPAIR  
 LICENSE APPLICATION**

License No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Assumed name of Corporation (If any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ If different than business  
 \_\_\_\_\_ address.

**For any supplemental location, an additional \$100.00 fee is required.**

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED.**

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

ALL EMPLOYEES AND SALESPERSONS WHO HAVE AUTHORITY TO ESTIMATE, NEGOTIATE AND/OR FINALIZE CONTRACTUAL AGREEMENTS MUST BE LISTED BELOW, AND ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS. (All non-employees used as sub-contractors must have in their possession a valid Nassau County License.)

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

Description of business being conducted: \_\_\_\_\_

(Use additional sheet if necessary)

**ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NASSAU COUNTY LICENSE AND MUST BE ANSWERED.**

(1) a) Has any trade license ever been denied, cancelled, suspended or revoked? \_\_\_\_\_  
b) If yes, explain. \_\_\_\_\_

(2) a) Have you ever held any Nassau County License previously? \_\_\_\_\_  
b) If yes, please state number(s). \_\_\_\_\_  
c) Do you or have you held a license in any other municipality? \_\_\_\_\_  
If yes, please submit a copy of the license with your application.

(3) a) Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints? \_\_\_\_\_  
b) If yes, state when, where and how resolved. \_\_\_\_\_  
\_\_\_\_\_

continued

(4) If the business has employees, you are required to have Workmen's Compensation Insurance.  
Name of Ins. Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If the business does NOT have employees, you are required to write "NO EMPLOYEES", and submit a current, signed and dated waiver from the Workman's Compensation Board. \_\_\_\_\_

(5) Surety Bond Insurance: Amount of Bond: \_\_\_\_\_  
Name of Ins. Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(6) YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE YOUR BUSINESS':

- a) Federal Employers' Identification No. \_\_\_\_\_
- b) NY State Employers' Identification No. \_\_\_\_\_
- c) NY State Sales Tax Identification No. \_\_\_\_\_

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Office of Consumer Affairs that are now in force or that may in the future be promulgated. PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

**YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP OR INDIVIDUAL BUSINESS**

**\*Failure to do so may result in revocation of license\***

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

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

\_\_\_\_\_  
Notary Public



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

This form is to be completed by each individual owner, partner, officer, director, person possessing 10% or more of the corporate stock, sales representative, manager, foreman and any technician that negotiates with a consumer.

DATE \_\_\_\_\_

PERSONAL NAME: \_\_\_\_\_

COMPLETE HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

You must have at least 5 years recent, relevant verifiable experience in the electronics or appliance repair field. You are required to submit W2's or 1099's for proof.

I have at least \_\_\_\_\_ years experience in the electronics or appliance repair field, or in related activities, which similarly tend to establish my competence to operate an electronics or appliance repair business.

**PRACTICAL EXPERIENCE**

FIRM NAME: \_\_\_\_\_ DATES OF EMPLOY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ DESCRIPTION OF DUTIES: \_\_\_\_\_

COMPANY OWNER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ DATES OF EMPLOY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ DESCRIPTION OF DUTIES: \_\_\_\_\_

COMPANY OWNER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ DATES OF EMPLOY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ DESCRIPTION OF DUTIES: \_\_\_\_\_

COMPANY OWNER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

What are your duties in this company: \_\_\_\_\_

\_\_\_\_\_



DISCLOSURE

The following statements MUST be answered.

You are required to certify that any judgment(s) against yourself has been discharged, is being appealed, or being paid according to agreed scheduled payments with creditors; and that there are no unsatisfied or unnegotiated judgments against either the undersigned individual or firm.

1. Do you have any judgments, liens or tax warrants? If yes, you must submit a copy of the judgment, lien or warrant and proof that scheduled payments are being made.

2. Do you have any civil or criminal actions now pending in which you have been involved personally and/or in the course of business. If yes, please explain. Copies may be required.

3. Have you ever been convicted of a crime? State when, where and disposition. A copy of the disposition must be submitted. A complete copy of the court case may be required.

4. Do you currently have any criminal charges pending against you? If yes, please explain.

5. Do you have any child support order(s)? If yes, you must submit a copy of the order and proof that all scheduled payments are being made.

6. Have you ever filed for bankruptcy (business or personal)? If yes, you will have to provide documents for review.

SIGNATURE: \_\_\_\_\_

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

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public