

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, reading "M. Farley", is written over 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
PHONE: (516) 571-2600 FAX: (516) 571-3389

STORAGE WAREHOUSE 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 laundry operators and managers.

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 or by calling (866) 546-9322.

11. A Bond or other Surety to the County of Nassau in the sum of \$10,000.00. The bond shall be for the purpose of guaranteeing payments up to the face amount of the bond for bank drafts or other negotiable instruments issued by the licensee in their capacity as a storage warehouse.

12. 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.

13. Only devices approved for use in trade by the New York State Department of Agriculture and Markets shall be lawful. No weighing or measuring device shall be used in the storage warehouse business within Nassau County without first notifying the Nassau County Office of Consumer Affairs.

YOU MUST CALL (516) 571-3200 TO SCHEDULE AN INSPECTION OF YOUR SCALES.

14. You must provide this office with a copy of your Schedule of Rates and Charges.

15. You must provide this office with a copy of the Agent agreement with your Certified DOT mover.

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

Nassau County Storage Warehouse License fees are as follows:

- | | |
|--|----------|
| 1. Application for a two (2) year license: | \$500.00 |
| 2. Additional location: | \$100.00 |
| 3. 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.



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

LIABILITY INSURANCE COVERAGE

Applicants must provide a current and in effect Certificate of Public Liability Insurance which includes:

Producer's name, address and phone number.

Authorized Representative Signature.

Insured's business name and address exactly as the application reads. All business locations must be listed on the certificate.

Type of insurance, policy number, policy effective and expiration dates. Such insurance shall remain in effect for the entire period for which the license is valid.

Limits of Insurance: Public Liability and Property Damage - \$100,000/\$300,000
 Bodily Injury - \$50,000 per occurrence
 Combined Limit \$300,000 minimum

Certificate Holder: Nassau County Office of Consumer Affairs
 240 Old Country Road
 Mineola, New York 11501

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.

BOND/SURETY

Applicant shall submit a bond to the County of Nassau in the sum of \$10,000.00.

Such bond shall remain in force during the entire period for which the license is valid.

WEIGHING & MEASURING DEVICES

Only devices approved for use in trade by the New York State Department of Agriculture and Markets shall be lawful. No weighing or measuring device shall be used in the storage warehouse business within Nassau County without first notifying the Nassau County Office of Consumer Affairs Weights and Measures Division.

YOU MUST CALL (516) 571-3200 TO SCHEDULE AN INSPECTION OF YOUR SCALES.



NASSAU COUNTY
OFFICE OF CONSUMER AFFAIRS
 240 Old Country Road, Mineola, NY 11501
NASSAUCOUNTYNY.GOV
 PHONE: (516) 571-2600

FOR OFFICE USE ONLY

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

**STORAGE WAREHOUSE
 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 WAREHOUSE OPERATORS AND MANAGERS MUST BE LISTED BELOW, AND ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS.

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
Signature: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____
Signature: _____

(Use additional sheet if necessary)

Description of Business Being Conducted: _____

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. _____

(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 must offer insurance to your customers. Name of Company: _____

(7) 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. _____
- d) Certified Mover Agents DOT License 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

EDWARD P. MANGANO
COUNTY EXECUTIVE



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NASSAU COUNTY
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240 OLD COUNTRY ROAD, MINEOLA, NY 11501
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DISCLOSURE FORM - This form is to be completed by each individual owner, partner, officer, principal, director and stockholder (holding more than 5% of the outstanding stock), warehouse operator, manager, agent and any other person that negotiates with a consumer.

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

Signature: _____

Mailing Address: _____

DMV ID No.: _____ Social Security No.: _____ DOB: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

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

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND WRITTEN EXPLANATION FOR ALL CHARGES. A COPY OF THE COURT CASE(S) MAY BE REQUIRED.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU? Yes No

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. Yes No

DO YOU HAVE ANY JUDGMENTS, LIENS OR TAX WARRANTS Yes No

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD A STORAGE WAREHOUSE LICENSE ISSUED BY ANY OTHER MUNICIPALITY? [IF "YES", LIST INFO BELOW] Yes No

MUNICIPALITY LICENSE NUMBER EXPIRATION DATE

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EACH INDIVIDUAL OWNER, PARTNER, OFFICER, DIRECTOR AND STOCKHOLDER (HOLDING MORE THAN 5% OF THE OUTSTANDING STOCK) MUST SUBMIT THIS AFFADAVIT WITH THE APPLICATION

**AFFADAVIT OF APPLICANT
FOR STORAGE WAREHOUSE LICENSE**

I, _____ having been duly sworn, as _____
Print Full Name *Title*
of _____
Name of Business

having been duly sworn, depose and state that:

- a) I have examined this application and to the best of my knowledge, all information and answers herein are true, correct and complete.
- b) I certify that my age is at least 18 years.
- c) I understand and agree that the fees paid with this application are non-refundable and that the payment of these fees does not guarantee the issuance of a license.
- d) I am required to notify this office in writing within ten (10) days of any change in address.
- e) 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. The Rules and Regulations can be viewed at www.nassaucountyny.gov/agencies/oca/Legal/laws
- f) No weighing or measuring device shall be used for determining the weight, quantity or price within Nassau County without first notifying the Office of Consumer Affairs of its intended use. This is to include new, used, repaired devices or devices which have been moved from the location where they were originally tested and sealed, either within or outside of the County of Nassau.
- g) Schedule of rates and charges shall be filed with the Commissioner as well as kept at the storage facility for public inspection. Any rate or charge not included may not be collected.
- h) The Commissioner may at any time request any additional information that she deems fit and appropriate in order to properly assess the eligibility of any applicant for Nassau County Storage Warehouse License.
- i) I understand that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.
- j) I must offer customer insurance and advise of the minimum rate and charges of additional insurance.

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 prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

Sworn to before me
this _____ day of _____, 20____

(Applicant Printed Name)

Notary's Signature

(Applicant Signature)