

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:  
사업체 소유주 귀하:

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

나소카운티 라이선스 신청서를 첨부해 보내드립니다. 읽어보시고 지시사항들을 준수해 주실 것을 부탁드립니다.

Mail your completed application and applicable fee to:  
작성하신 신청서와 관련된 수수료는 다음 주소로 우송하시기 바랍니다:

The Office of Consumer Affairs  
(나소카운티 소비자 보호국)  
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.  
만약 신청서를 온전히 작성하지 않으시고 제출하실 경우 우편으로 반환될 것이며 신청인께서 직접 소비자 보호국에 오셔서 제출하셔야 합니다. 라이선스 담당자와 시간 약속을 해 드리겠습니다.

Please be sure to read all the instructions before submitting the application. Licenses will not be considered for incomplete or incorrect applications.  
지시사항을 면밀히 살펴보신 후 신청서를 제출해 주실 것을 부탁드립니다. 온전히 작성되지 않았거나 부정확한 정보를 기입하실 경우, 라이선스 심사에서 제외될 것입니다.

Very truly yours,

MADALYN F. FARLEY  
COMMISSIONER

MFF/mfp

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

모든 보증 수표 및 머니 오더의 수취인은 "THE COUNTY OF NASSAU"로 기입하시기 바랍니다.



**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

**DRY CLEANER AND LAUNDROMAT LICENSE APPLICATION  
GENERAL INSTRUCTIONS**

나소카운티 정부 – 소비자 보호국  
세탁소 및 런드로맷 라이선스 신청서  
일반 지시사항

\*\*\*\* 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. (본 신청서는 법적공증인 앞에서 서명하신 후 정부 기관에 제출하셔야 합니다.)

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.

(공증된 신청서 [소유주 및 주식회사의 경우 간부]와 공증된 정보 공개서(개인소유주, 동업인, 간부, 이사, 주주, 매니저급 직원 및 세일즈 담당자)를 제출하셔야 합니다.)

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.

(관련된 모든 분들의 여권사진을 (각각 2 장) 제출하십시오. 집에서 촬영한 사진은 접수되지 않을 것입니다.)

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.

(거주지 증명서. 뉴욕주 운전면허증 또는 신분증과 다음 서류중 한 부를 제출하십시오: (ㄱ) 전화비, 전기비 청구서 (ㄴ) 뉴욕주 자동차 등록증 또는 (ㄷ) 리스.

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.

(사업체 주소를 증명할 수 있는 사업체 전화비/전기비 청구서 또는 리스 계약서)

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.

(비즈니스 전화 번호와 주소를 증명할 수 있는 사업체 전화비 청구서. 휴대폰 청구서는 접수되지 않을 것입니다.)

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.

(음주 운전관련 모든 기록 및 법원 판결문)

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) (사업체 등록서)
  - 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) (동업일 경우 동업 사업체 등록서)
  - 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. (주식회사 등록 영수증)
  - 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. (상호 등록서)
  - 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. (주식회사 기록 및 주주회의록)
- 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. (뉴욕주 주식회사 유효 확인서)

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.

(사업체 보험 증명서. 나소카운티 소비자 보호국이 보험 수혜주로 지정되어 있어야 함.)

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.

(종업원 상해 보험 증명서. 직원이 없을 경우 종업원 상해 보험 위원회에서 발행하는 면제서 첨부)

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 its capacity as a laundry operator.

(나소카운티를 지정한 본드 보험. 보험액: \$1 만달러)

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. (연방 고용주 번호, 뉴욕주 세일즈 세금 번호.)

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 laundry business within Nassau County without first notifying the Nassau County Office of Consumer Affairs. (사업체에서 저울을 사용할 경우 나소카운티 소비자 보호국에 통보해야 함.)

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

(저울 검사 예약 전화 번호 (516) 571-3200)

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

(가격표 복사본을 제출하십시오.)

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

Nassau County Dry Cleaner and Laundromat License fees are as follows:

- |  |                                 |
|--|---------------------------------|
| 1. Application for a two (2) year license: | \$600.00 (2년 라이선스 신청 수수료)       |
| 2. Additional location:                    | \$100.00 (추가 사업체가 있을 경우 추가 수수료) |
| 3. Name change:                            | \$100.00 (이름/명칭 변경)             |

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.

04/28/14/mff



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## **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.

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## **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.

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## **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 laundry 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.



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 PHONE: (516) 571-2600

*FOR OFFICE USE ONLY*

**Application Fee** \$600.00  
 Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 CC/MO No.: \_\_\_\_\_  
 Issued By: \_\_\_\_\_

**DRY CLEANER AND LAUNDROMAT** (세탁소 및 런드로맷)  
**LICENSE APPLICATION** (라이선스 신청서)

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

**Name of Business:** \_\_\_\_\_  
 (사업체 명칭)  
**Business Address:** \_\_\_\_\_  
 (사업체 주소)

**Business Phone:** (사업체 전화번호) \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
 (휴대폰 전화번호)

**Assumed name of Corporation (If any):** \_\_\_\_\_  
 (상호 및 사업체 주식회사의 다른 명칭)

**Mailing Address:** \_\_\_\_\_  
 (우편용 주소)

**If different than business address.** (만약 사업체 주소와 다를 경우.) \_\_\_\_\_

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

(사업체가 여러 장소에 위치했을 경우 각 장소당 \$100 수수료가 추가로 부과됩니다.)

**Business Address:** \_\_\_\_\_  
 (사업체 주소)

**Business Phone:** (사업체 전화번호) \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
 (휴대폰 전화번호)

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

(사업체의 모든 개인 소유주, 간부 및 주요 직원들을 하단에 나열하십시오.)

**Name:** (이름) \_\_\_\_\_ **Title:** (직함) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Home Phone:** (집 전화) \_\_\_\_\_  
 (거주지/집 주소) \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
 (서명)

**Name:** (이름) \_\_\_\_\_ **Title:** (직함) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Home Phone:** (집 전화) \_\_\_\_\_  
 (거주지/집 주소) \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
 (서명)

**Name:** (이름) \_\_\_\_\_ **Title:** (직함) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Home Phone:** (집 전화) \_\_\_\_\_  
 (거주지/집 주소) \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
 (서명)

**Name:** (이름) \_\_\_\_\_ **Title:** (직함) \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Home Phone:** (집 전화) \_\_\_\_\_  
 (거주지/집 주소) \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
 (서명)

ALL LAUNDREY OPERATORS AND MANAGERS MUST BE LISTED BELOW, AND ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS.  
(모든 세탁/런드로멧 운영인들과 매지너급 직원들은 하단에 명시되어야 합니다. 정보 공개서, 사진, 신분증명서 및 거주지 증명 서류를 첨부하십시오.)

Name: (이름) \_\_\_\_\_ Title: (직함) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(거주지/집 주소) \_\_\_\_\_  
Signature: \_\_\_\_\_  
(서명)

Name: (이름) \_\_\_\_\_ Title: (직함) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (집 전화) \_\_\_\_\_  
(거주지/집 주소) \_\_\_\_\_  
Signature: \_\_\_\_\_  
(서명)

Name: (이름) \_\_\_\_\_ Title: (직함) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (집 전화) \_\_\_\_\_  
(거주지/집 주소) \_\_\_\_\_  
Signature: \_\_\_\_\_  
(서명)

Description of Business Being Conducted: \_\_\_\_\_  
(영업중인 비즈니스 종류)

(Use additional sheet if necessary)  
(필요시 추가 용지를 첨부하십시오.)

**ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NASSAU COUNTY  
LICENSE AND MUST BE ANSWERED.** (다음 질문들은 반드시 답변해 주셔야 합니다.)

(1) a) Has any trade license ever been denied, cancelled, suspended or revoked? \_\_\_\_\_  
(과거에 사업용 라이선스 신청을 거부당하거나, 취소되었거나, 영업 정지 처분을 받으시거나 라이선스를 박탈 당하신 적이 있습니까?)  
b) If yes, explain. \_\_\_\_\_  
(답변이 "예"일 경우 설명하십시오.)

(2) a) Have you ever held any Nassau County License previously? \_\_\_\_\_  
(과거에 나소 카운티에서 라이선스를 받으신 적이 있습니까?)  
b) If yes, please state number(s). \_\_\_\_\_  
(답변이 "예"일 경우 라이선스 번호를 기입하십시오.)  
c) Do you or have you held a license in any other municipality? \_\_\_\_\_  
(다른 지역에서 라이선스를 받으신 적이 있습니까?)  
If yes, please submit a copy of the license with your application.  
(답변이 "예"일 경우, 라이선스 복사본을 첨부하십시오.)

(3) a) Have you ever had any contact with this agency or any other governmental agency regarding  
consumer complaints? \_\_\_\_\_  
(소비자 불평신고로 인해 나소카운티 소비자 보호국이나 다른 정부 기관으로부터 통보를 받으신 적이 있습니까?)  
b) If yes, state when, where and how resolved. \_\_\_\_\_  
(답변이 "예"일 경우, 언제 그러한 문제가 있었는지 그리고 어디에서, 어떻게 해결되었는지 설명하십시오.)

continued (다음 면에 계속)

- (4) If the business has employees, you are required to have Workmen's Compensation Insurance.

(사업체에 종업원이 있을 경우, 종업원 상해 보험에 가입되어야 합니다.)

Name of Ins. Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(보험회사) (보험번호) (만기일)

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.

(사업체에 종업원이 없을 경우, "NO EMPLOYEES"라고 기입하시고 종업원 상해 보험 위원회로부터 날짜가 기입되어 있고 서명되었으며 유효한 면제서 (Waiver)를 첨부하십시오.)

- (5) Surety Bond Insurance: Amount of Bond: \_\_\_\_\_  
(본드 보험) (본드 보험 액수)

Name of Ins. Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(보험회사) (보험번호) (만기일)

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

(다음 번호들을 소비자 보호국에 제공하셔야 합니다.)

- a) Federal Employers' Identification No. \_\_\_\_\_  
(연방 고용주 번호.)  
b) NY State Employers' Identification No. \_\_\_\_\_  
(뉴욕주 고용주 번호.)  
c) NY State Sales Tax Identification No. \_\_\_\_\_  
(뉴욕주 세일즈 텍스 번호.)

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.

(라이선스 받게 될 경우 소비자 보호국의 법과 규정들을 준수할 것에 동의합니다. 거짓된 정보를 제출할 경우 벌금, 자격증 박탈 및 형사 처벌에 처해질 수 있습니다.)

**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\***

(사업체 또는 사업체와 관련된 주주, 동업인 및 소유주의 소유권, 운영 및 개인 주소 변경이 있을 경우 10 일내에 나소카운티 정부에 보고하셔야 합니다.  
미보고시 사업체 라이선스를 박탈당하실 수 있습니다.)

\_\_\_\_\_  
Applicant Signature  
(신청인 서명)

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

\_\_\_\_\_  
Notary Public  
(법적 공증인)



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

**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), laundry operator, manager, and any other person that negotiates with a consumer.**

**TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.**

(정보 공개서- 본 문서는 사업체의 모든 소유주, 동업인, 간부, 주요 직원, 이사, 업체 5%이상의 주식을 소유한 주주, 세탁소/런드로넷 운영인 및 소비자를 대하는 모든 분들이 서명해야 합니다.)

Name: \_\_\_\_\_ Date: (날짜) \_\_\_\_\_

(이름)

Home Address: \_\_\_\_\_ Home Phone: (집 전화번호) \_\_\_\_\_

(집 주소)

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

(서명)

Mailing Address: \_\_\_\_\_

(우편용 주소)

DMV ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_

(운전면허증 번호)

(소셜 번호)

(생년월일)

Height: N/A \_\_\_\_\_ Weight: N/A \_\_\_\_\_ Hair Color: N/A \_\_\_\_\_ Eye Color: N/A Sex: N/A \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.** (부정확한 답변 제출시 형사 처벌을 받을 수 있으므로, 다음 질문들에 정확히 답변해 주십시오.)

**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.** (만약 다음 질문에 "예"라고 답변하실 경우, 공증된 법원 판결문 복사본과 기소된 범죄에 대한 설명을 첨부하십시오. 법원 기록 복사본이 필요 할 수 있습니다.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

☐ Yes

☐ No

(신청인은 형사 사건 관련 유죄가 입증된 적이 있습니까?)

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU?

☐ Yes

☐ No

(신청인은 형사 사건 관련 현재 고발된 상황입니까?)

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

(신청인은 아동 양육비 법원 명령 아래 있습니까? 답변이 "예"일 경우 법원 명령 복사본과 주기적인 양육비를 지불하고 있다는 증거를 제출하십시오.)

DO YOU HAVE ANY JUDGMENTS, LIENS OR TAX WARRANTS

☐ Yes

☐ No

(신청인은 현재 소송 패소 판결, 저당권 린, 또는 세금 채납 저당권을 받은 상황입니까?)

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD A DRYCLEANER/LAUDROMAT LICENSE ISSUED BY ANY OTHER MUNICIPALITY? [IF "YES", LIST INFO BELOW]

☐ Yes

☐ No

(신청인은 현재 또는 과거에 세탁소/런드로넷 라이선스를 다른 지역 정부 기관으로부터 받은 적이 있습니까? 만약 답변이 "예"일 경우 하단에 정보를 기입하십시오.)

MUNICIPALITY  
(지역)

LICENSE NUMBER  
(라이선스 번호)

EXPIRATION DATE  
(만기일)

MUNICIPALITY  
(지역)

LICENSE NUMBER  
(라이선스 번호)

EXPIRATION DATE  
(만기일)

EDWARD P. MANGANO  
COUNTY EXECUTIVE



MADALYN F. FARLEY  
COMMISSIONER

**NASSAU COUNTY**  
**OFFICE OF CONSUMER AFFAIRS**  
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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 DRY CLEANER AND LAUNDROMAT 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](http://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 laundry 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 Dry Cleaner and Laundromat 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.

**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)