

GREGORY A. MAY COMMISSIONER

#### DEPARTMENT OF CONSUMER AFFAIRS

Dear Vendor:

Enclosed is the Nassau County Dry Cleaner and Laundromat License Application.

Please be sure to read the instructions and provide the required documentation before submitting the application. If your application is not complete, it may be returned to you and/or require you to provide more information which could result in the delay of your license being issued.

Once completed, please mail your application with the applicable fee, which is located on the instructions page, to the address below:

Department of Consumer Affairs 240 Old Country Road Mineola, New York 11501 Attention: Licensing

All payments to our office should be made by certified check or postal money order payable to: THE COUNTY OF NASSAU.

Please provide our office three (3) to four (4) weeks to process your application.

Thank you for making Nassau County your place to do business.

Sincerely yours,

Gregory A. May

Gregory A. May Commissioner



# DEPARTMENT OF CONSUMER AFFAIRS

# GENERAL INSTRUCTIONS FOR THE DRY CLEANER AND LAUNDROMAT LICENCE

### \*\*\*\* 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 <u>false information</u> 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 Department. 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, have a NY State location as well as an authorized contact person that can be reached in New York.

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.

- Two (2) professional passport\_(2"x2") photographs, taken within the past 6 months, <u>MUST</u> be submitted for:
   a) each individual
  - b) all partners in a partnership
  - c) all corporate officers, directors and stockholders (including NY contacts for out of state corps)

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 Driver's License or Non-Driver ID Card <u>AND</u> 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. <u>The corporation must</u> <u>maintain a bonafide establishment at a definite location within the State of New York</u>. 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 <u>Assumed Name Certificate</u> 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.

<u>NOTE</u>: 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, <u>MUST</u> 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 <u>www.wcb.state.ny.us</u> 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 its capacity as a laundry operator.

12. NY State law requires <u>ALL</u> 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 laundry business within Nassau County without first notifying the Nassau County Department 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.

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

1. New application for a two (2) year license:	\$650.00
2. Additional location:	\$100.00
3. Duplicate copy for lost license:	\$ 55.00
4. Name change:	\$110.00

#### ALL PAYMENTS <u>MUST</u> BE MADE BY CERTIFIED CHECK OR POSTAL MONEY ORDER PAYABLE TO:

### THE COUNTY OF NASSAU.

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.

The license shall be affixed in a conspicuous place at each business location.

#### ALL FORMS ARE TO BE COMPLETED **LEGIBLY** IN BLUE OR BLACK INK OR TYPED. DO NOT WHITE OUT ANY INFORMATION ON THE APPLICATION.

#### **REFUNDS WILL NOT BE CONSIDERED.**



#### DEPARTMENT OF CONSUMER AFFAIRS

# LIABILITY INSURANCE COVERAGE FOR DRY CLEANER AND LAUNROMAT LICENSE

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 Department 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.
SHOULD THERE BE ANY	OUESTIONS REGARDING THESE INSTRUCTIONS. YOU MAY CONTACT:

HOULD THERE BE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, YOU MAY CONTACT: Licensing Division 516-571-3872

# **BOND/SURETY**

Applicant shall submit a bond to the <u>County of Nassau</u> 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 laundry business within Nassau County without first notifying the Nassau County Department of Consumer Affairs Weights and Measures Division.

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

NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS 240 Old Country Road, Mineola, NY 11501 Phone: (516) 571-2600 www.nassaucountyny.gov	FOR OFFICE USE ONLY         Application Fee: \$650.00         Date Paid:       Receipt No.:         CC/MO No.:
DRY CLEANER AND LAUNDROMAT	License No:
LICENSE APPLICATION	Issue Date:
Name of Business:	
Business Address:	Business Phone:
	Cell Phone:
Assumed name of Corporation (If any):	
	If different than business
For any supplemental location, an ad	lditional \$100.00 fee is required.
Business Address:	Business Phone:
Business Address:	
EACH INDIVIDUAL OWNER, OFFICER,	Cell Phone: PRINCIPAL ETC. MUST BE LISTED.
EACH INDIVIDUAL OWNER, OFFICER, Name:	Cell Phone:
EACH INDIVIDUAL OWNER, OFFICER, Name:	Cell Phone: PRINCIPAL ETC. MUST BE LISTED Title:
EACH INDIVIDUAL OWNER, OFFICER, Name: Home Address:	Cell Phone:         PRINCIPAL ETC. MUST BE LISTED.         Title:         Image:         Bignature:
EACH INDIVIDUAL OWNER, OFFICER, Name: Home Address:	Cell Phone:         PRINCIPAL ETC. MUST BE LISTED.         Title:         Home Phone:         Signature:
EACH INDIVIDUAL OWNER, OFFICER, Name: Home Address:	Cell Phone:   PRINCIPAL ETC. MUST BE LISTED.   Title:   Home Phone:   Signature:   Title:   Home Phone:   Home Phone:
EACH INDIVIDUAL OWNER, OFFICER, Name: Home Address: Name: Home Address:	Cell Phone:   PRINCIPAL ETC. MUST BE LISTED.   Title:   Home Phone:   Signature:   Title:   Home Phone:   Signature:   Signature:
EACH INDIVIDUAL OWNER, OFFICER,   Name:   Home Address:   Name:   Home Address:	Cell Phone:   PRINCIPAL ETC. MUST BE LISTED.   Title:   Home Phone:   Signature:   Title:   Home Phone:   Signature:   Signature:
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EACH INDIVIDUAL OWNER, OFFICER, Name:	Cell Phone:         PRINCIPAL ETC. MUST BE LISTED.         Title:         Home Phone:         Signature:         Title:         Signature:         Signature:         Title:         Home Phone:         Title:         Home Phone:         Signature:         Signature:         Title:         Signature:         Title:         Signature:         Title:         Title:

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.)

Nam	e:		Title:		
	ie Addr				
		Signature:			
Nam	e:		Title:		
Hom	e Addr	Home Phone:			
		Signature:	2		
Nam	e:		Title:		
Hom	e Addr	Tess: Home Phone:			
		Signature:		25	
(1)	a) b) a)	(Use additional sheet if necessary)          ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NA         LICENSE AND MUST BE ANSWERED.         Has any trade license ever been denied, cancelled, suspended or re         If yes, explain.         Have you ever held any Nassau County License previously?	voked? Yes	Yes No	No
	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.	Yes	No	2
(3)	a)	Have you ever had any contact with this agency or any other gove consumer complaints? Yes No	-		, in the second s
	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 <u>NOT</u> have employees, you are required to write "NO EMPLOYEES", and submit a			
	current, signed and dated waiver from	n the Workman's Compensation Board	1.	

(5)	Surety Bond Insurance (if applicable):	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.	- 5 - s
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 Department 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 <u>OWNERSHIP</u>, <u>OPERATION</u> OR <u>CHANGE OF ADDRESS</u> 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



# DEPARTMENT OF CONSUMER AFFAIRS

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.

Name:			Date:			
Home Address:	4		Home Phone	e:		
	na a h Na a h		Signature:		ç	
Mailing Address:						
DMV ID No.:		Social Security No.	.:	_ D(	DB:	
Height:	Weight:	Hair Color:	Eye Color: _		Sex	
UNDER PENALTY OF IF YOU ANSWER "YE	TLAW. ES" TO ANY OF T	D ACCURATELY AND TO T HE FOLLOWING, YOU MU NATION FOR ALL CHARG	ST PROVIDE CERTIFIE	D COI	PIES OF	COURT
HAVE YOU EVER BEE	IN CONVICTED O	F A CRIME?			Yes	🗆 No
DO YOU CURRENTLY	HAVE ANY CRIM	IINAL CHARGES PENDING A	AGAINST YOU?		Yes	🗆 No
		RDER(S)? IF YES, YOU MUS SCHEDULED PAYMENTS A			Yes	🗆 No
DO YOU HAVE ANY J	UDGMENTS, LIEN	IS OR TAX WARRANTS			Yes	🗆 No
		YOU EVER HAD A DRYCLE. ICIPALITY? [IF "YES", LIST			Yes	🗆 No
MUNICIPALIT	Y	LICENSE NUMBER	EXPIRATION	DAT	E	
MUNICIPALIT	Y	LICENSE NUMBER	EXPIRATION	DAT	E	



#### DEPARTMENT OF CONSUMER AFFAIRS

# 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				
21	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 Department 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 Department 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)