

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,

MFF/mfp

MADALYN F. FARLEY
COMMISSIONER

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

**** 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.

GENERAL INSTRUCTIONS

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 to the fullest extent. The issuance of a license is subject to verification of the requirements herein provided.

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, 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 AFFIDAVIT: each individual, partner, officer, director, stockholder, manager and salesperson of the business must complete this form and have it NOTARIZED.
 - c) AFFIDAVIT OF APPLICANT: each individual, partner, officer, director, stockholder salesperson must complete this form and have it NOTARIZED. Those individuals will be fingerprinted. You will be called for an appointment once the application has been received and reviewed.
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 (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/sale.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. The corporation must maintain a bonafide establishment at a definite location within the State of New York. 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. 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 Locksmith License fees are as follows:

- | | |
|--|----------|
| 1. New application for a two (2) year license: | \$400.00 |
| 2. Fingerprint Fee for each person: | \$ 75.00 |

THE FINGERPRINT FEE MUST BE MADE WITH A SEPARATE CERTIFIED CHECK OR POSTAL MONEY ORDER IN THE AMOUNT OF \$75.00. IT CANNOT BE COMBINED WITH THE \$400.00 FEE.

The license shall be affixed in a conspicuous place at each business location.
A copy of the license shall also be kept in each vehicle.

ALL FORMS ARE TO BE COMPLETED LEGIBLY IN BLUE OR BLACK INK OR TYPED.

**TWO YEAR LICENSE WILL BE MAILED TO ALL APPLICANTS
AFTER THE APPLICATION HAS BEEN APPROVED AND PROCESSED.**

REFUNDS WILL NOT BE CONSIDERED.



**COUNTY OF NASSAU
OFFICE OF CONSUMER AFFAIRS**

240 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501-4255
(516) 571-2600

NASSAU COUNTY LOCKSMITH LICENSING

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.

**SHOULD THERE BE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, YOU
MAY CONTACT:**

Licensing Division
516-571-3872



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

**LOCKSMITH
 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 WHO PERFORM LOCKSMITH SERVICES OR HAVE ACCESS TO LOCKSMITH TOOLS 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 and/or violations? _____

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 (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. _____
- 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



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

FOR OFFICE USE ONLY

Fingerprint Fee \$75:00 (Per Applicant)
 Date Paid: _____ Receipt No.: _____
 CC/MO #: _____
 Issued By: _____

DISCLOSURE FORM - This form is to be completed by each individual owner, partner, officer, principal, director and stockholder (holding more than 10% of the outstanding stock), manager, and any employee who performs locksmith services or has access to locksmith tools. All applicants will be fingerprinted. Fingerprints will be submitted to DCJS for a criminal background check.

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

DATE _____

PERSONAL NAME: _____

COMPLETE HOME ADDRESS: _____

HOME PHONE NUMBER: _____ DOB: _____ SEX: _____ Ht: _____ Wt: _____

SOCIAL SECURITY NO: _____ DMV ID NO: _____ Hair: _____ Eye: _____

NAME OF BUSINESS: _____

You must have at least 5 years recent, relevant verifiable experience in the locksmith field. You are required to submit W2's or 1099's for proof. I have at least _____ years experience in the locksmith field, or in related activities, which similarly tend to establish my competence to operate a locksmith 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: _____

IN ORDER TO BE PROCESSED THE BACK OF THIS SHEET MUST BE ANSWERED.



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

EACH INDIVIDUAL OWNER, PARTNER, OFFICER, DIRECTOR AND STOCKHOLDER (HOLDING MORE THAN 10% OF THE OUTSTANDING STOCK) MUST SUBMIT THIS AFFADAVIT WITH THE APPLICATION

AFFIDAVIT OF APPLICANT FOR LOCKSMITH 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) By the close of the business day shall keep a written and electronic record in machine-readable format in an excel or similar type spreadshhet.
- g) 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 a Nassau County Locksmith License
- h) 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)