



COUNTY OF NASSAU
DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola New York 11501
516-571-2600
www.nassaucountyny.gov

2022—ATM REGISTRATION FORM—2022
(ALL SECTIONS MUST BE COMPLETED)

NEW REGISTRATION (\$180)

RENEWAL (\$180)

LOCATION OF ATM

STORE/COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

ATM INFORMATION

24 HOUR TOLL FREE SERVICE NUMBER FOR CUSTOMER SERVICE: _____

ATM FEE ASSESSED PER TRANSACTION: \$ _____

WHAT TYPES OF TRANSACTIONS CAN THE ATM PERFORM?:

DISPENSE CASH

DETERMINE ACCOUNT BALANCES

TRANSFER FUNDS WITHIN AN INSTITUTION (If checked, see category A below)

OTHER (PLEASE SPECIFY): _____

A. IS THIS ATM REGISTERED WITH AN "EFT" NETWORK: YES NO

NAME OF "EFT" INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAKE: _____ MODEL: _____ SERIAL NUMBER: _____

IS THE ATM IN COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS:

YES

NO

IF NO, PLEASE EXPLAIN: _____

SERVICING AGENT

(THIS IS THE PERSON OR COMPANY WHICH "CONTRACTS WITH AN OPERATOR TO PROVIDE CUSTOMER RELATIONS, FINANCIAL RECORD KEEPING, REPAIRS OR SERVICE")

NAME OR TRADE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

(SEE REVERSE SIDE)

OWNER/OPERATOR OF ATM

NAME OF CORPORATION/OPERATOR: _____
CORPORATE ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: () _____ EMAIL: _____
CONTACT PERSON: _____ TITLE: _____
FEDERAL EMPLOYERS' IDENTIFICATION NUMBER: _____
NEW YORK STATE EMPLOYERS' IDENTIFICATION NUMBER: _____
24 HOUR TOLL FREE SERVICE NUMBER FOR CUSTOMER SERVICE: _____

OFFICERS

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

MAILING INFORMATION

Where should the sticker (s) be mailed: _____ Location _____ Owner/Operator _____ Servicing Agent _____
Other Location (see below)

Other location: _____

- **Please remember to enclose one of the following with this application as per Local Law 2-2005:**
- 1. Copy of the Operation/lease Agreement between Store and Operator. (If not filed already)**
 - 2. Proof of ownership of ATM by merchant.**

I have received and read a copy of Local Law 2-2005 regarding the Rules and Regulations of registering all Non-bank location ATM's with the Nassau County Office of Consumer Affairs. I understand the law, rules & regulations as stated and agree to comply. **FAILURE TO COMPLY WITH THE LAW OR FALSIFICATION OF THIS DOCUMENT MAY RESULT IN A VIOLATION PUNISHABLE UP TO \$5000.00 AND CRIMINAL PROSECUTION.**

Name: _____ Title: _____
Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE OF REGISTRATION: _____ **RECEIPT NUMBER:** _____
ATM STICKER #: _____ **RENEWAL** _____ **NEW REGISTRATION** _____
OCA AUTHORIZATION: _____ **AMT PAID: \$** _____ **CHECK #:** _____
ATM LEASE / PROOF OF OWNERSHIP ATTACHED: YES NO