



NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
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 www.nassaucountyny.gov

2022-2023
MAY 1ST - APRIL 30TH

APPLICATION FOR ANNUAL WAIVER OF ITEM PRICING REQUIREMENTS

New Renewal Reapplication Waiver No: _____

Store Name & Number: _____

Store Address: _____ **Exact Retail Square Footage of Store:** _____

_____ Phone Number: _____

Store Contact: _____ Email Address: _____

Corporate Name: _____ Corporate Contact: _____

Corporate Address: _____ Phone Number: _____

_____ Email Address: _____

Each application must be accompanied by a non-refundable waiver fee based upon the RETAIL SQUARE FOOTAGE of the store, as listed below. All fees are for an annual period of May 1st– April 30th. **Any store applying for the waiver in between this annual cycle will be charged at a pro-rated amount.

Retail Square Footage	Annual Waiver Fee	**Prorated Fee
<input type="checkbox"/> Under 3,000 square feet	\$600	\$50 per month
<input type="checkbox"/> Between 3,001 and 10,000 square feet	\$1,200	\$100 per month
<input type="checkbox"/> Between 10,001 and 30,000 square feet	\$3,600	\$300 per month
<input type="checkbox"/> Between 30,001 and 60,000 square feet	\$6,000	\$500 per month
<input type="checkbox"/> Between 60,001 and 90,000 square feet	\$12,000	\$1000 per month
<input type="checkbox"/> Over 90,000 square feet	\$16,000	\$1333.33 per month

The granting of this waiver is contingent upon

- All stores must pass two pricing accuracy inspections for which the number of stock keeping units found in violation may not exceed two percent (2%) of the total number of stock keeping units inspected during both inspections.
- All stores must have price check scanners available for consumers to confirm the price of stock keeping items. These price check scanners shall be in locations convenient and accessible to all consumers and must be clearly labeled identifying these units to consumers. The number of price check scanners required is based on the stores retail square footage.

Up to 20,000 square feet	A minimum of 1 consumer price check scanner
Between 20,001 and 30,000 square feet	A minimum of 2 consumer price check scanners
Between 30,001 and 60,000 square feet	A minimum of 3 consumer price check scanners
Between 60,001 and 90,000 square feet	A minimum of 4 consumer price check scanners
90,001 and Over	A minimum of 5 consumer price check scanners
- The store shall not charge any consumer a price for any stock keeping item which exceeds the item, shelf, sale, or advertised price, whichever is less; and the store shall make prompt payment to consumers who have been overcharged and shall correct errors identified by consumers.
- Stores must have a shelf price for each stock keeping item which is visible to the consumer and is located directly under the item on the shelf where the item is displayed or if the item is not conspicuously visible to the consumer, by a sign or list conspicuously placed near the point of procurement.

In consideration of being granted the waiver hereby applied for, the applicant agrees to the above requirements and 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. Failure to comply with the requirements can result in the revocation of the waiver.

Signature: _____

Amt of Waiver Fee Enclosed: _____

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of waiver and could be classified as a class "A" misdemeanor pursuant to Section 210-45 of the Penal Law of the State of New York

----- **FOR OFFICE USE ONLY** -----

Date Waiver Application was received: _____ Total Amt for Waiver Fee Received: _____

Retail Square Footage Verified: _____ Date Verified: _____ Inspector: _____

Date Waiver was Issued: _____

1st QUALIFYING INSPECTION: **PASS** **FAIL**

Date of Inspection: _____ Inspector: _____

Number of Stock keeping Units Checked: _____ Average %: _____ Number of Overcharges: _____

Number of Scanners Verified & location: _____ Proper Signage per Scanner:

1. _____	YES	NO
2. _____	YES	NO
3. _____	YES	NO
4. _____	YES	NO
5. _____	YES	NO

2nd QUALIFYING INSPECTION: **PASS** **FAIL**

Date of Inspection: _____ Inspector: _____

Number of Stock keeping Units Checked: _____ Average %: _____ Number of Overcharges: _____

Number of Scanners Verified & location: _____ Proper Signage per Scanner

1. _____	YES	NO
2. _____	YES	NO
3. _____	YES	NO
4. _____	YES	NO
5. _____	YES	NO

OVERALL INSPECTION: **GRANTED** **REVOKED** **DATE:** _____

Number of Stock keeping Units Checked: _____ Average %: _____ Number of Overcharges: _____

REASON: _____