COUNTY OF NASSAU
DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola NY 11501
516-571-2600
email consumeraffairs@nassaucountyny.gov
www.nassaucountyny.gov

ATM REGISTRATION FORM—YEAR: 2027

☐ NEW ($180)
☐ RENEWAL ($180)

(All Sections Must Be Completed)

ONE ATM per Application Page 1 of 2

LOCATION OF ATM

Store/Company Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone Number: _____ email:_____

Contact Person: _____ Title:_____

OWNER / OPERATOR OF ATM

Store/Company Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone Number: _____ email:_____

Contact Person: _____ Title:_____

Federal Employers' Identification Number:_____

SERVICING AGENT

(Company in contract with Owner / Operator to provide customer relations, financial recordkeeping, repairs or service.)

Company Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone Number: _____ email:_____

Contact Person: _____ Title:_____

ATM REGISTRATION FORM *page 2 of 2*

ATM INFORMATION

Make:_____Model:_____Serial number:_____

Is the ATM Registered with applicable Federal and State Regulations: Yes No

24 hour toll free service number for customer service:_____

ATM fee assessed per transaction: $_____

CHECK Types of transactions Accessible:

__Dispense cash: __Provide account balances: __Transfer funds within institution:

__Other (please specify):_____

Name of "EFT" Institution:_____

Address:_____

City:_____ State:_____Zip Code:_____

MAILING INSTRUCTIONS

Mail Registration Sticker to ☐ Location ☐ Owner ☐ Service Agent

SIGNATURE

Please enclose the following documents with application as per local law 2-2005:

1. Copy of the operation / lease agreement between Store and Owner / Operator. (if not filed already)
2. Proof of ownership of ATM.

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 Department 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:_____

FEE

Please write check in Amount of $180 Payable to COUNTY OF NASSAU

MAIL

Nassau County Department of Consumer Affairs
240 Old Country Rd
Mineola, NY 11501
Attn: ATM Administrator