



Office of Consumer Protection

50 Sanatorium Road, Building A, 5th Floor, Pomona, NY 10970
Phone: (845) 364- 3901 Email: CPLCAL@co.rockland.ny.us

Kimberly Von Ronn, Esq.
Director and Public Advocate

Dear Applicant:

Chapter 362 of the Laws of Rockland County requires persons conducting business as a Professional Fund Raiser to obtain a Rockland County license.

Before filling out the enclosed application, please be sure to read the instructions carefully. Note, the experience record portion of the application and child support form must be notarized.

The filing of an application does NOT constitute permission or authority to operate or advertise as a Professional Fund Raiser, A license must have been issued and in your possession before any operation may be legally conducted.

Operating as a Professional Fund Raiser in Rockland County without a license is a crime as well as a civil violation. The criminal penalty upon conviction is a fine up to \$1,000 and/or up to 1 year in jail.

The Office of Consumer Protection is available to assist you in the application process. Please do not hesitate to contact us to answer any questions.

Sincerely,

Kimberly Von Ronn, Esq.
Director & Public Advocate



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PROFESSIONAL FUND RAISER LICENSE APPLICATION INSTRUCTIONS

Failure to complete the required information may result in the delay or rejection of your application. Do not leave portions blank. Complete all required sections; write N/A, if appropriate. Providing false or misleading information in the application may result in the denial of your application and subjects you to suspension or revocation, if license is issued, as well as possible criminal penalties pursuant to Penal Law Section 175.

To avoid delays, please ensure that you carefully read and follow all instructions to submit a complete application.

1. Application Requirements

- ❖ Applications must be filled out *completely*. Incomplete applications may be rejected.
- ❖ Required forms and documents must accompany the application.
- ❖ Fees must be paid before Application will be reviewed.
- ❖ Application must be signed and notarized.

2. Fees

- ❖ \$500 Application Fee.
- ❖ All fees are non-refundable, regardless of whether an application is approved, and a license is issued. Payment can be made by Credit Card, Check, or Money Order payable to:
Rockland County Commissioner of Finance.

3. Proof of Authority to Conduct Business in Rockland County, State of New York

A CORPORATION must submit a copy of the filing receipt from the New York State Secretary of State granting the corporation the authority to do business in New York State.

A FOREIGN CORPORATION must submit a copy of the filing receipt from the New York State Secretary of State granting the Corporation the authority to do business in New York State.

A DOMESTIC OR FOREIGN CORPORATION with an ASSUMED NAME must submit a copy of the filing receipt from the New York State Secretary of State granting use in the County of Rockland of the Assumed Name.

A PARTNERSHIP conducting business under a trade name, must submit a **certified** copy of the Partnership Certificate on file in the Rockland County Clerk's Office.

An INDIVIDUAL operating under a trade name must submit a **certified** copy of the Trade Name Certificate on file in the Rockland County Clerk's Office.

NOTE: If you lost your filing receipt, you may request a Certificate of Good Standing by calling NYS Department of State –Division of Corporations at (518) 473-2492.

4. Insurance

ALL INSURANCE DOCUMENTS MUST LIST CERTIFICATE HOLDER AS:

*County of Rockland
Office of Consumer Protection
50 Sanatorium Road, Building A, 5th Floor
Pomona, NY 10970*

Insurance Certificates must have a recent ISSUE date, i.e., within the past 3 months. Ask your insurance broker for a freshly issued Certificate if you do not have one.

A. Workers' Compensation and Disability

- Certificate of Workers' Compensation Insurance (Form C-105.2 or Form SI-12) or if through NYSIF (Form U26.3)
- Certificate of Disability Insurance (Form DB 120.1 or Form DB155)
- Applicants who are not required by law to carry Workers' Compensation Insurance and/or Disability Benefits Insurance **must** submit a CE-200 Form—Attestation for New York Entities with No Employees.

The CE-200 Form can be found at the NYS Workers' Compensation Board website <http://www.wcb.ny.gov/>. Click on "Common Forms" and search by Form Number—CE-200. This form is filed electronically, but you must Print, Sign and Date a completed copy to submit with your application.

5. Expiration of License

- ❖ Every license shall expire at the close of business of the day succeeding the last date of the event licensed, except that, where the renditions are held at the same permanent location within the County of Rockland on a continuous basis for the same theater promoter, the license shall expire one year from the date of issuance.

6. Photo of Applicant

- ❖ Enclose two (2) recent 2" x 2" photo (passport style) taken within the past 6 months of applicant with application.

7. Contract

- ❖ The application must include a copy of the completed contract between the professional fund raiser and the sponsoring organization.

8. **Child Support Certification**

- ❖ Applicants must complete Child Support Certification Form. Forms must be notarized.

Persons who are four (4) months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. *NYS General Obligations Law § 3-503.*

The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the New York State Penal Law.

9. **Criminal Convictions**

- ❖ You will be required to list any criminal convictions.
- ❖ A criminal conviction does not represent an automatic bar to licensure. Each case is considered and evaluated on an individual basis in relation to the type of work performed.



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PROFESSIONAL FUND RAISER LICENSE APPLICATION CHECKLIST

Use this courtesy Checklist to confirm you have all the required documents to complete your application. Failure to submit a complete application may result in your application being rejected or delayed.

- Application Form
- Employee Roster Form
- Proof of Authority to Conduct Business in Rockland County, State of New York
- Child Support Certification
- Two 2"x2" photos (passport style)
- Color Photocopy of Valid Driver's License
- Workers' Compensation or CE-200 (Exemption Form)
- Disability Insurance or CE-200 (Exemption Form)
- License Fees
 - Application - \$500
 - Check or Money Order: Payable to *Rockland County Commission of Finance*
 - If you prefer to pay by Credit Card, you will be invoiced at the time of processing
- A copy of the completed contract between the fund-raiser and the sponsoring organization



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PROFESSIONAL FUND RAISER LICENSE APPLICATION

PART I. FUND RAISER INFORMATION

Answers to all questions must be accurate and complete. Please do not leave blank spaces. Write N/A as needed. Do not submit an incomplete application without all required documentation. Incomplete applications will result in a delay. **False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.**

Check box to indicate Type of Ownership:

<input type="checkbox"/> Corporation/LLC/LTD/LP/LLP	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual Owner
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Name of Business: _____

Trade/Assumed/Display Name (DBA): _____

Business Street Address: _____

Town/Village: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____ Email: _____@_____.com

NOTE: Email address must be legible, accurate and regularly monitored as it will be used to create your online profile, and you will receive important notifications regarding your license via this email.

Name of Applicant (Last, First, Middle): _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Sex (circle): Male Female

Home Street Address: _____

Town/Village: _____ State: _____ Zip: _____ Personal Phone: (____) _____ - _____

If Fund-Raising Business is a Partnership, list Name and Address of each Partner.

Full Name (Last, First, Middle): _____

Home Street Address: _____

Town/Village: _____ State: _____ Zip: _____

Full Name (Last, First, Middle): _____

Home Street Address: _____

Town/Village: _____ State: _____ Zip: _____

If Fund-Raising Business is a Corporation/LLC/LTD/LP/LLC, list name, title and address of any Corporate Officer and Designated Agent(s) of service upon whom process, or other legal notice may be served.

Full Name (Last, First, Middle): _____ Corporate Title: _____

Home Street Address: _____

Town/Village: _____ State: _____ Zip: _____

Full Name (Last, First, Middle): _____ Corporate Title: _____

Home Street Address: _____

Town/Village: _____ State: _____ Zip: _____

Please list ALL employees who deal with the public and have authority to estimate, negotiate and finalize all contractual agreements. It is the Applicant's responsibility to provide updates to Consumer Protection as employees are added or removed from these duties in the Fund-Raising Business. You must also complete the Roster of Employees Form attached.

Full Name	Home Address	Description of Duties

Use Additional Sheets if Necessary

A. Insurance and Sales Tax Information

Provide your New York State Tax Authorization Number: _____

Policy Type	Policy Number	Company Name	Expiration Date
Workers Compensation			
Disability			

B. Other Background Information

1. If you or your Business(es) have been previously licensed in Rockland County, provide former company/business name and license number. If not applicable, write N/A.

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2. Name any other Business(es) you hold a financial or personal interest in.

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3. List other professional licenses you hold or have held in the past.

Jurisdiction	License type	License number.

4. Does the business have any outstanding judgments? If yes, provide letter from attorney or accountant explaining how you are actively resolving the judgments.

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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5. Have you been convicted of a crime within the last ten (10) years? Do not include minor traffic violations.

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If Yes, attach a list of all criminal convictions including date, name, charge, and disposition—court and date.

PART II. BUSINESS PRACTICE INFORMATION

1. Describe exactly the type of fund-raising business the applicant intends to conduct:

2. Provide location where the event is to be held and date(s) of the event:

Business Name of event site	Event Address	Dates to be held

3. Do you own or rent the business where the event will take place? If you rent, provide name and address of the person from who you rent and submit a copy of the rental agreement.

<input type="checkbox"/> Own (Skip question #4)	<input type="checkbox"/> Rent (Must complete question #4)
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4. Provide Name and Address of the Business Premises

Business Premises	Business Owners Name	Business Address

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature of Applicant
Note: Digital / Typed signatures are not accepted.

SWORN BEFORE ME THIS DATE
_____ Day of _____, 20____

COMM. OF DEEDS - NOTARY PUBLIC
County of _____
No. _____



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ROSTER OF EMPLOYEES

PART I. APPLICANT INFORMATION

Answers to all questions must be accurate and complete. Please do not leave blank spaces. Write N/A as needed. **This Roster must be provided and provided immediately if there is any change to your list of employees.** False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.

Name of Applicant _____ License No. _____
 Business or Trade Name: _____
 Business Street Address: _____
 Town/Village: _____ State: _____ Zip: _____

PART II: ROSTER OF EMPLOYEES

List all agents, employees or duly authorized representatives. Each listed must sign their name.

Name	Title	Residence Address	Signature

Use Additional Sheet if necessary

Note: Digital / Typed signatures are not accepted.

Signature of Applicant

Date



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TO: Licensees & Applicants

RE: Child Support Certification

New York State law (General Obligation Law, Section 3-503) **REQUIRES** this office to gather information to allow the Department of Social Services to determine if applicants for a license issued by this office and those seeking to renew their license are in default of their obligation to pay child support.

Therefore, you must fill out the attached form completely and sign same before a notary. The information you supply will be checked by the Department of Social Services against a nationwide database to confirm that you are not in default on child support obligations.

PLEASE TAKE NOTICE that providing false information may result in criminal charges and, in addition, may result in the denial of your application or renewal of your license.

PLEASE TAKE FURTHER NOTICE that any persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits including, but not limited to, licenses issued pursuant to section 11-0713 of the environmental conservation law.

Thank you for your cooperation in this matter.

Attach.

