



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 340 of the Laws of Rockland County requires persons conducting business as second-hand precious metal and gem dealers obtain a Rockland County license.

Before filling out the enclosed application, please be sure to read the instructions carefully. Note, 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 Precious Metals Dealer. A license must have been issued and in your possession before any operation may be legally conducted.

Operating as a Precious Metals Dealer 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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PRECIOUS METALS DEALER 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

- ❖ 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.
- ❖ The application fee is **\$200**.
- ❖ Fingerprint Search Fee: **\$ 76.25** by certified check or money order made payable to the Rockland County Commissioner of Finance **for each fingerprint search** performed.
- ❖ Bond or other surety of **\$2000** payable to Rockland County, This is to ensure compliance with all applicable laws during the license term.

3. Annual License Renewal

- ❖ Licenses are valid until November 30th regardless of the time application is submitted. Licenses must be timely renewed with required documentation and annual fee.
- ❖ Renewal Application fee is \$200
- ❖ If there have been any changes, the applicant shall furnish the facts and information relating to such changes.

4. Insurance

ALL INSURANCE DOCUMENTS MUST LIST CERTIFICATE HOLDER AS:

*County of Rockland
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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. Photo of Applicant

- ❖ Enclose two (2) recent 2" x 2" photo (passport style) taken within the past 6 months of applicant with application.
- ❖ If the applicant is a partnership, photographs and fingerprints as provided herein are required for each partner.
- ❖ If the applicant is a corporation, all officers shall be photographed and fingerprinted as provided herein.

6. Fingerprints

- ❖ You must be fingerprinted prior to submitting your application.
- ❖ Each partner, officer and stockholder of ten percent or more of stock must be fingerprinted.
- ❖ You must contact the Records Room of the **Rockland County Sheriff's Office** at **(845) 638-5440** to schedule an appointment for fingerprinting. Bring the following items with you to your scheduled appointment:
 - Application page for signature confirmation from the Bureau of Criminal Investigation Unit of the Rockland County Sheriff's Department
 - A photo identification *i.e. driver's license* and
 - A certified check or money order payable to Rockland County Commissioner of Finance in the amount of **\$76.25** for fingerprint search fee.
 - Fingerprints **MUST** be taken by the **Rockland County Sheriff's Office**

7. LEADS online:

- ❖ All dealers must register with LEADS Online (www.leadsonline.com) to record transactions/receipts. See attached letter from the Rockland County Sheriff's Department.

8. **Child Support Certification**

- ❖ Applicants must complete the 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.

10. **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.



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PRECIOUS METALS DEALER LICENSE APPLICATION

PART I. DEALER 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.**

Select to indicate type of ownership:

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> CO-PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL OWNER
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Name of Business: _____

Trade/ Assumed or Display Name: _____

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 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 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. Use Additional Sheets if Necessary

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: _____

PART II. BUSINESS PRACTICE INFORMATION

1. Describe exactly the type of business you intend to conduct:

2. Do you own or rent the business premises? If you rent, provide name and address of the person from whom you rent and submit a copy of the rental agreement.

<input type="checkbox"/> Own (Skip question #4)	<input type="checkbox"/> Rent (Must complete question #3)
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3. Provide Owner's Name and Address of the Business Premises you rent

Business Premises	Business Owners Name	Business Address

4. Provide address where business is to be conducted on specific dates if different from business address:

Address	Dates to be held (From/To)

A. Other Background Information

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

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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2. 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.

FINGERPRINT IMPRESSIONS TAKEN BY:

Name: _____ Rank: _____ Shield No. _____

Date: _____ Department: _____

APPLICANT IS REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE(S) IN THE INFORMATION SUPPLIED BY THE APPLICANT ON THIS APPLICATION

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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PRECIOUS METALS DEALER 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
- Workers' Compensation or CE-200 (Exemption Form)
- Disability Insurance or CE-200 (Exemption Form)
- Child Support Certification
- Two 2"x2" photos (passport style)
- Color Photocopy of Valid Driver's License
- Bond - \$2,000
- Proof of Authority to conduct business in Rockland County
- License Fees
 - Application - \$200
 - Bond or other surety - \$2000
 - Check or Money Order: Payable to *Rockland County Commission of Finance*
 - If you prefer to pay by Credit Card (Application or Fingerprint Search Fee only), you will be invoiced at the time of processing

Other, if applicable:

- ❖ Photographs and fingerprints of each partner – Required only if applicant is a partnership
- ❖ Photographs and fingerprints of all officers – Required only if the applicant is a corporation
- ❖ NYS Filing Receipt - Required only if the applicant is a corporation, foreign corporation or domestic/foreign corporation with an assumed name
- ❖ Certified Partnership certificate - Required only if the applicant is a partnership under a trade name
- ❖ Certified Trade Name certificate – Required only if the applicant is an individual under a trade name



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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.

