



## Office of Consumer Protection

50 Sanatorium Road, Building A, 5<sup>th</sup> 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 355 of the Laws of Rockland County requires persons providing tax grievance consulting services 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 Tax Grievance Consultant. A license must have been issued and in your possession before any operation may be legally conducted.**

Operating as a Tax Grievance Consultant 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 \$10,000 and/or up to 1 year in jail. The civil penalty is a fine up to \$10,000 for each violation.

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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# TAX GRIEVANCE 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. Expiration of License

- ❖ All licenses, except temporary licenses, shall be for a period of one year from the date of issuance

### 3. 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.*
- ❖ Such application shall be accompanied by a nonrefundable license fee of \$200.
- ❖ Fees payable upon renewal shall be in the amount of \$150.

### 4. Photo Identification

- ❖ Valid Driver's License **with clear image of the applicant** must be submitted.

## 5. Insurance

### ALL INSURANCE DOCUMENTS MUST LIST CERTIFICATE HOLDER AS:

County of Rockland  
Office of Consumer Protection  
50 Sanatorium Road, Building A, 5<sup>th</sup> 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.

## 6. 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.**

7. **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.**

8. **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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# TAX GRIEVANCE 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
- Child Support Certification
- Color Photocopy of Valid Driver's License
- Proof of Authority to Conduct Business in Rockland County (NYS Filing Receipt or Rockland County Certified Business Certificate)
- Workers' Compensation or CE-200 (Exemption Form)
- Disability Insurance or CE-200 (Exemption Form)
- License Fees
  - Application - \$200
    - 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



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## TAX GRIEVANCE CONSULTANT LICENSE APPLICATION

### PART I. CONSULTANT 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

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**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 Consultant 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 Consultant 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: \_\_\_\_\_

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 Consultant 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			



**C. Theoretical or Educational Experience**

**Submit diplomas/transcripts for any higher education degrees or technical school being used to establish experience.**

<b>Name of School:</b> _____
Address: _____
Start Date: _____ End Date: _____ Degree Received: _____
<b>Name of School:</b> _____
Address: _____
Start Date: _____ End Date: _____ Degree Received: _____

**D. 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. **Has any professional license ever been denied, cancelled, suspended or revoked?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>If yes, explain.</b>	

4. **Does the business have any outstanding judgments? If yes, provide 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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5. Have you been convicted of a crime within the last ten (10) years? Do not include minor traffic violations. If Yes, attach a list of all criminal convictions including date, name, charge, and disposition—court and date.

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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\_\_\_\_\_  
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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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.

