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**CONSUMER PROTECTION / WEIGHTS & MEASURES**

18 New Hempstead Road, Sain Building, 6<sup>th</sup> Floor  
New City, New York 10956  
Phone: (845) 708-7600 Fax: (845) 708-7616  
Email: CPLCAL@co.rockland.ny.us

**Terry D. Grosselfinger, Esq.**  
*Director and Public Advocate*

Dear Sir or Madam:

Chapter 340 of the Laws of Rockland County requires that persons doing business as second-hand precious metal and gem dealers obtain a Rockland County license. Any person operating this type of business without a license will be subject to civil and/or criminal penalties.

Enclosed are general instructions and a license application. Before filling out the enclosed application forms, please be sure to read the instructions carefully. The application must be notarized.

To allow sufficient time to process your application, please return it as soon as possible. Contact this office if you have any questions concerning the enclosed materials.

Sincerely,

Terry D. Grosselfinger  
Director  
(2/16)

COUNTY OF ROCKLAND  
OFFICE OF CONSUMER PROTECTION  
LICENSING DIVISION

**PRECIOUS METAL / SECOND HAND GEM DEALER**

**THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE. A LICENSE MUST ACTUALLY BE IN POSSESSION OF THE LICENSEE BEFORE ANY OPERATION MAY BE LEGALLY CONDUCTED.**

Failure to complete the required information or the giving of false information in the application may result in the denial of said application for a license or any renewal thereof, as well as cancellation or revocation in the event such license has been issued.

FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

The licensing provided shall apply solely to Local Law 9 & 10 of 1980 of the County of Rockland and the issuance of a license is subject to verification under the requirements of this local law.

- 1) THE APPLICATION must have all questions answered accurately and completely, signed before a Notary Public and thereafter filed with this Office in person.
- 2) INDIVIDUALS operating under a trade name shall submit a certified copy of the trade name certificate filed in the Rockland County Clerk's Office.
- 3) PARTNERSHIPS shall submit a certified copy of the partnership certificate filed in the Rockland County Clerk's Office.
- 4) CORPORATIONS shall submit a copy of its certificate of incorporation and, if a foreign corporation, its application for authority to do business in New York State. A corporation shall also furnish the name, address and title of an officer of the corporation or designated agent of service upon whom process or other legal notices may be served.
- 5) The applicant will be required to describe exactly the type of business that the applicant intends to conduct.
- 6) The applicant will be required to submit the name and address of the owner(s) of the business premises and state whether or not the business premises are owned or rented, and if rented from whom.
- 7) PHOTOS: Two (2) passport type photographs (2" x 2" – head and shoulders only) taken within the last 60 days (vending machine prints are not acceptable) will be required as follows:
  - a) An individual,
  - b) All partners in a partnership,
  - c) Corporate officers who are authorized to enter into a contract,
  - d) All stockholders of ten (10) percent or more of stock and,
  - e) All other personnel dealing with the public in connection with the execution of a contract (excluding retail clerks).
- 8) JUDGMENTS: List all unsatisfied judgments in which the applicant, partner(s), or if a corporation, each officer and stockholder are named as judgment debtor.

- 9) **CRIMINAL CONVICTIONS:** List all criminal convictions within the last ten (10) years, except minor traffic violations of the applicant, partner(s) or if a corporation, each officer and stockholder of ten (10) percent or more of stock.
- 10) **SCHEDULE OF FEES:**
- a) License fee: **\$200.00** by check or money order made payable to the Rockland County Commissioner of Finance.
  - b) Search fee: **\$75.00** by certified check or money order made payable to the Rockland County Commissioner of Finance for each fingerprint search performed. *See instruction 15a.*
  - c) Bond to the County of Rockland for \$2,000.00 or other surety.
- 11) Applicant must submit Form C-105.2, Form SI-12 or Form U26.3 as proof that he or she has obtained the required workers' compensation insurance and Form DB 120.1 or Form DB155 as proof of disability benefits coverage. County of Rockland, Consumer Protection Office must be listed as Certificate Holder. Only the most current version of the forms will be accepted.
- 12) Applicants who are not required by law to carry worker's compensation and/or disability benefits insurance should submit Form CE-200. (Form CE-200, Certification of Attestation for New York Entities With No Employees And Certain Out of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required). The form can be filled out electronically on the NYS Workers' Compensation Board website at <http://www.wcb.ny.gov/>, click on common forms and search by form number. Print a finished form to submit with your application. Paper forms are available but estimated processing time for paper applications is four weeks.
- 13) In addition, you must submit proof that you possess a New York State Sales Tax Identification Number.
- 14) **FINGERPRINTS: YOU MUST BE FINGERPRINTED PRIOR TO SUBMITTING YOUR APPLICATION TO THIS OFFICE.**
- a) **APPLICANT** – the applicant must contact the Records Room of the Rockland County Sheriff Department 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 **\$75.00** for fingerprint search fee.
  - b) **PARTNERSHIP** – each partner of a partnership must be fingerprinted. See instruction 15a.
  - c) **CORPORATION** – each officer and stockholder of ten (10) percent or more of stock must be fingerprinted. See instruction 15a.
- 15) Each applicant must complete and submit a completed and notarized Child Support Certification with their application pursuant to NYS General Obligations Law §3-503. If a business partnership, each partner must submit Child Support Certification.

**LICENSE IS NOT TRANSFERABLE**

**ROCKLAND COUNTY  
DEPT. OF WEIGHTS & MEASURES  
OFFICE OF CONSUMER PROTECTION  
LICENSING DIVISION**

LIC NO. _____
RECEIPT NO. _____
DATE _____
APPLICANT FEE \$ _____
<b>SEARCH FEE: \$</b> _____
<b>BOND TO ROCKLAND COUNTY:</b>
NO. _____
SURETY: _____

**APPLICATION FOR LICENSE AS A DEALER OF SECOND-HAND PRECIOUS METALS AND GEMS**

COMPLETE BOTH SIDES: ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE

CHECK BOX TO INDICATE TYPE OF OWNERSHIP

Corporation                       Co-partnership                       Individual Owner

Name of Business \_\_\_\_\_

Trade/Assumed or Display Name \_\_\_\_\_

Business Address Street \_\_\_\_\_

Town or Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone No.: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Applicant (Last, First, Middle) \_\_\_\_\_

Home Address Street \_\_\_\_\_

Town or Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No.: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (MMDDYYYY) \_\_\_\_\_ Sex:  M  F Height: \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizen of U.S.A.:  Yes  No

Partnership:  Yes  No

If Yes, list name and address of each Partner:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corporation:  Yes  No

If Yes, list name, title and address of any officer of the corporation or a designated agent of service upon whom process or other legal notice may be served.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corporate Title: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Corporate Title: \_\_\_\_\_

Describe exactly the type of business applicant intends to conduct:

Does the applicant own  or rent  (check one) the business premises?

If the applicant rents, give the name and address of the person from whom you rent.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name and address of the owner(s) of the business premises:

**LIST ALL UNSATISFIED JUDGEMENTS** in which the applicant, partner (s) or if a corporation, each officer are named as judgement debtors. If none so state. (Use extra sheets if necessary).

Date	Name of Judgement Debtor	Name of Judgement Creditor	Disposition - Court and Date

**LIST ALL CRIMINAL CONVICTIONS** within the last ten- (10) years except minor traffic violations of the applicant, partner (s) or if a corporation, each officer. If none, so state. (Use extra sheets if necessary).

Date	NAME	CHARGE	Disposition - Court and Date



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**Terry D. Grosselfinger, Esq.**  
*Director and Public Advocate*

TO: Licensees & Applicants

FROM: Terry D. Grosselfinger, Esq.  
Director

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.

I thank you for your cooperation in this matter.

TDG  
Attach.


**CHILD SUPPORT CERTIFICATION**  
Rockland County Office of Child Support Enforcement

To Be Filled Out By The Licensing Agency:  Solid Waste Commission  Department of Consumer Protection  Department of Health  
 Department of Public Safety  County Clerk  Other

LICENSE BEING APPLIED FOR

PRINT IN BLOCK LETTERS WITHOUT TOUCHING THE SIDES OF THE BOXES

P	R	E	C	I	O	U	S		M	E	T	A	L		D	E	A	L	E	R							
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--

THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Last Name	_____
First Name	_____
Social Security	____ - ____ - _____
Date of Birth	__ __ / __ __ / __ __
Home Address	_____
City	_____
State	__ __
Zip	____ - ____ - ____

I, \_\_\_\_\_ being duly sworn make the following statement:

(Choose 1 or 2. and put an "X" in the box in front of whichever is appropriate)

- 1. I am not under a court or administrative order to pay child support, OR
- 2. I am under an obligation to pay child support. My child support account number is (if applicable) \_\_\_\_\_

(If you chose #2, put an "X" in front of the applicable statement

- A. I do not owe arrears equal to 4 months or more of child support payments.
- B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
  - I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.
  - My child support obligation is the subject of a pending court proceeding.
  - I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is \_\_\_\_\_
- C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby authorize NYS Child Support, including Rockland County Child Support Enforcement Unit, to release any records pertaining to my child support case to the above-named Licensing Agency.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this \_\_\_\_\_ day \_\_\_\_\_ x \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_ Signature

\_\_\_\_\_  
Notary Public State of New York Date

**THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE.**

**DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY**

Information verified, or status of case unknown to OCSE. Verifying Section & Supervisor: \_\_\_\_\_  
 Information is at variance with OCSE records. Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_