

CONSUMER PROTECTION / WEIGHTS & MEASURES

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Terry D. Grosselfinger, Esq.
Director and Public Advocate

Application for Annual Waiver of Item Pricing Requirements

Store Name & Number:		
Store Address:		
City:	State:	Zip:
Store Contact Name:		Phone Number:
Corporation Name:		
Corporation Address:		
City:	State:	Zip:
Corporate Contact Name:		Phone Number:
Corporate Contact E-Mail:		

The granting of this waiver is contingent upon this store passing two (2) pricing accuracy inspections of a minimum of one hundred (100) stock keeping units per each inspection. The number of stock keeping units found in violation may not exceed two percent (2%) of the total number of stock keeping units inspected during both inspections.

Each application must be accompanied by a non-refundable waiver fee based upon the gross square footage of this store, as set for the below (Please check one of the following boxes):

Gross Square Footage	Waiver Fee
<input type="checkbox"/> Up to and including 5,000 square feet	\$1000
<input type="checkbox"/> Between 5,001-30,000 square feet	\$3000
<input type="checkbox"/> 30,001 square feet and over	\$7500

Each store that accepts a waiver must agree to meet the following requirements:

1. The store shall designate and make available price check scanners to enable consumers to confirm the price of the stock keeping items. These price check scanners shall be in locations convenient to customers with signs of sufficient sized lettering identifying the units to consumers. The store will submit their proposed sign and device locations to the Director for approval; and
2. The store shall not charge any customer a price for any stock keeping item which exceeds the item, shelf, sale, or advertised price, whichever is less; and
3. The store shall make prompt payment to consumers who have been overcharged and shall correct errors identified by consumers as required by this law.

I have read the above requirements and agree to abide by them. Also, I declare that to the best of my knowledge the gross square footage of this store as listed above, is accurate. Please send check or money order to the address listed above payable to: "Rockland County Commissioner of Finance"

Signature: _____ Date: _____

Print Name: _____ Title: _____