

LAURA CURRAN  
COUNTY EXECUTIVE



GREGORY A. MAY  
COMMISSIONER

DEPARTMENT OF CONSUMER AFFAIRS

Dear Vendor:

Enclosed is the Nassau County Scrap Metal Processors, Vehicle Dismantlers and Junk Dealers License Application.

Please be sure to read the instructions and provide the required documentation before submitting the application. If your application is not complete, it may be returned to you and/or require you to provide more information which could result in the delay of your license being issued.

Once completed, please mail your application with the applicable fee, which is located on the instructions page, to the address below:

Department of Consumer Affairs  
240 Old Country Road  
Mineola, New York 11501  
Attention: Licensing

All payments to our office should be made by certified check or postal money order payable to: **THE COUNTY OF NASSAU.**

Please provide our office three (3) to four (4) weeks to process your application.

Thank you for making Nassau County your place to do business.

Sincerely yours,

*Gregory A. May*

Gregory A. May  
Commissioner



DEPARTMENT OF CONSUMER AFFAIRS

GENERAL INSTRUCTIONS FOR THE  
SCRAP METAL PROCESSORS, VEHICLE DISMANTLERS AND JUNK DEALERS LICENSE

\*\*\*\* THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE\*\*\*\*

A LICENSE MUST ACTUALLY BE IN THE POSSESSION OF THE LICENSEE  
BEFORE ANY OPERATION OR PROMOTION THEREOF 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 thereto, as well as cancellation, suspension or revocation in the event such license has been issued. Falsification of an official document is punishable under the law to the fullest extent. The issuance of a license is subject to verification of the requirements herein provided.

1. An application must be signed before a Notary Public and thereafter filed with this Office. If the application is made by an out-of-state individual, partnership or Corporation, you must provide a Certificate of Authority to do business in NY State, have a NY State location as well as an authorized contact person that can be reached in New York.

2. The following enclosed forms must be completed:

- a) APPLICATION form completed and NOTARIZED by an owner or corporation principal.
- b) DISCLOSURE: each individual, partner, officer, director, stockholder, manager and salesperson of the business must complete this form and have it NOTARIZED.

3. Two (2) professional passport (2"x2") photographs, taken within the past 6 months, MUST be submitted for:

- a) each individual
- b) all partners in a partnership
- c) all corporate officers, directors and stockholders (including NY contacts for out of state corps)
- d) all employees and/or salespersons who have the authority to estimate and/or negotiate a contract.

Photos must be free of any hats and/or sunglasses. Home photos are NOT acceptable.

4. Each of the above must also submit proof of residence. This proof must be a NYS DMV Driver's License or Non-Driver ID Card AND ONE of the following only: a current utility bill (electric or home telephone), NYS Auto Registration or a copy of a current lease. Please be advised, PO Boxes are NOT acceptable.

5. You must also submit a copy of a current utility bill or a current lease to show proof of business location, if the business address is different from the home address.

6. A copy of the business phone bill showing the land line business phone number and address must be submitted. Cell phones and toll-free numbers are not permitted for this requirement. Home phones are acceptable as business numbers if you are doing business from your home.

7. All persons are required to state all criminal convictions, including DWI, DWAI and DUI, and provide an official disposition from the applicable court. A complete copy of the court case may be required.

8. Trade Names, Partnerships and Corporations.

- a) individuals using their own name or a trade name must present a certified copy of the business certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X201)
- b) a partnership conducting business, must submit a certified copy of the partnership certificate on file in the Nassau County Clerk's Office. (ref: Blumberg form # X74)
- c) a corporation must furnish a copy of the Secretary of State's Filing receipt. The corporation must maintain a bonafide establishment at a definite location within the State of New York. If this is not a New York corporation, you must submit a Certificate of Authority to do business in New York State.
- d) If your corporation is using a DBA, you must submit an Assumed Name Certificate that has been filed with New York State authorizing you to use the name in Nassau County.
- e) All corporations must furnish the original and current corporate structure naming all principals, officers, directors and stockholders including all minutes showing changes made to the corporate structure.

NOTE: If the Corporation was formed more than 3 years ago, you must also submit a Certificate of Good Standing issued by the New York State Bureau of Corporations. (518) 473-2492.

9. A Certificate of Insurance, with Nassau County Consumer Affairs as the certificate holder, MUST be provided to show proof of liability coverage. Coverage requirements can be found on a separate sheet.

10. A Certificate of Workman's Compensation is required covering all employees (form U26 or 105.2). If you DO NOT have employees, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board. The form can be obtained online at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or by calling (866) 546-9322. Please verify that you are selecting the correct form for your type of business before filling out and printing.

11. NY State law requires ALL businesses to have a Federal Employers Identification number, and a NY State Sales Tax number if you collect sales tax. You must list these numbers on your application or it will NOT be accepted. You can obtain these numbers by calling 1(800) 829-4933 for Federal and (518) 457-5431 for Sales Tax.

12. A Bond or other Surety to the County of Nassau in the sum of \$5,000.00. The bond shall be for the purpose of guaranteeing payments up to the face amount of the bond for bank drafts or other negotiable instruments issued by the licensee in exchange for scrap metal.

13. Only devices approved for use in trade by the New York State Department of Agriculture and Markets shall be lawful. No weighing or measuring device shall be used in the purchase or sale of precious metals or gems within Nassau County without first notifying the Nassau County Department of Consumer Affairs.

**YOU MUST CALL (516) 571-3200 TO SCHEDULE AN INSPECTION OF YOUR SCALES.**

14. All applicants must submit to a fingerprint based background check. Once your application has been received and reviewed you will be notified with instructions to be fingerprinted.

Nassau County Scrap Metal Processors, Vehicle Dismantlers & Junk Dealers License fees are as follows:

1. New application for a two (2) year license:	\$650.00
2. Additional location:	\$110.00
3. Duplicate copy for lost license:	\$ 55.00
4. Name changes:	\$110.00

ALL PAYMENTS MUST BE MADE BY CERTIFIED CHECK OR POSTAL MONEY ORDER  
PAYABLE TO:

**THE COUNTY OF NASSAU.**

Please be advised, ANY name change MUST be accompanied by a fully completed application in proper form, and the original current license MUST be surrendered.

The license shall be affixed in a conspicuous place at each business location.

ALL FORMS ARE TO BE COMPLETED **LEGIBLY** IN BLUE OR BLACK INK OR TYPED.  
DO NOT WHITE OUT ANY INFORMATION ON THE APPLICATION.

TWO YEAR LICENSE WILL BE MAILED TO ALL APPLICANTS  
AFTER THE APPLICATION HAS BEEN APPROVED AND PROCESSED.

**REFUNDS WILL NOT BE CONSIDERED.**



DEPARTMENT OF CONSUMER AFFAIRS

**LIABILITY INSURANCE COVERAGE  
FOR SECOND-HAND PRECIOUS METAL AND GEM DEALERS LICENSE**

Applicants must provide a current and in effect Certificate of Public Liability Insurance which includes:

Producer's name, address and phone number.

Authorized Representative Signature.

Insured's business name and address exactly as the application reads. All business locations must be listed on the certificate.

Type of insurance, policy number, policy effective and expiration dates. Such insurance shall remain in effect for the entire period for which the license is valid.

Limits of Insurance:           Public Liability and Property Damage - \$100,000/\$300,000  
  Bodily Injury - \$50,000 per occurrence  
  Combined Limit \$300,000 minimum

Certificate Holder:           Nassau County Department of Consumer Affairs  
  240 Old Country Road  
  Mineola, New York 11501

Cancellation Notice: A notice shall be sent to this office within 15 days prior to any cancellation, non-renewal, or change in coverage of a license holder's insurance policy.

SHOULD THERE BE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, YOU MAY CONTACT:  
Licensing Division 516-571-3872

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**BOND/SURETY**

Applicant shall submit a bond to the County of Nassau in the sum of \$5,000.00.

Such bond shall remain in force during the entire period for which the license is valid.

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**WEIGHING & MEASURING DEVICES**

Only devices approved for use in trade by the New York State Department of Agriculture and Markets shall be lawful. No weighing or measuring device shall be used in the laundry business within Nassau County without first notifying the Nassau County Consumer Affairs Weights and Measures Division.

YOU MUST CALL (516) 571-3200 TO SCHEDULE AN INSPECTION OF YOUR SCALES.



**NASSAU COUNTY**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
 240 Old Country Road, Mineola, NY 11501  
 Phone: (516) 571-2600  
 www.nassaucountyny.gov

*FOR OFFICE USE ONLY*

**Application Fee:** \$650.00 per company  
 Date Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 CC/MO No.: \_\_\_\_\_  
 Issued By: \_\_\_\_\_

**SCRAP METAL PROCESSORS, VEHICLE  
 DISMANTLERS & JUNK DEALERS APPLICATION**

License No: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Assumed name of Corporation (If any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ If different than business  
 \_\_\_\_\_ address.

**For any supplemental location, an additional \$110.00 fee is required.**

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EACH INDIVIDUAL OWNER, OFFICER, PRINCIPAL ETC. MUST BE LISTED.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Signature: \_\_\_\_\_

ALL EMPLOYEES AND SALESPERSONS WHO HAVE AUTHORITY TO ESTIMATE, NEGOTIATE AND/OR FINALIZE CONTRACTUAL AGREEMENTS MUST BE LISTED BELOW, AND ARE REQUIRED TO SUBMIT DISCLOSURE FORMS, PHOTOS, IDENTIFICATION AND PROOF OF HOME ADDRESS. (All non-employees used as sub-contractors must have in their possession a valid Nassau County License.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Description of business being conducted: \_\_\_\_\_

(Use additional sheet if necessary)

**ALL QUESTIONS ARE APPLICABLE TO APPLY FOR A NASSAU COUNTY LICENSE AND MUST BE ANSWERED.**

(1) a) Has any trade license ever been denied, cancelled, suspended or revoked? \_\_\_\_\_

b) If yes, explain. \_\_\_\_\_

(2) a) Have you ever held any Nassau County License previously? \_\_\_\_\_

b) If yes, please state number(s). \_\_\_\_\_

c) Do you or have you held a license in any other municipality? \_\_\_\_\_

If yes, please submit a copy of the license with your application.

(3) a) Have you ever had any contact with this agency or any other governmental agency regarding consumer complaints? \_\_\_\_\_

b) If yes, state when, where and how resolved. \_\_\_\_\_

(4) If the business has employees, you are required to have Workmen's Compensation Insurance.

Name of Ins. Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If the business does NOT have employees, you are required to write "NO EMPLOYEES", and submit a current, signed and dated waiver from the Workman's Compensation Board. \_\_\_\_\_

(5) Surety Bond Insurance (if applicable): Amount of Bond: \_\_\_\_\_

Name of Ins. Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(6) YOU ARE REQUIRED TO SUBMIT TO THIS OFFICE YOUR BUSINESS':

a) Federal Employers' Identification No. \_\_\_\_\_

b) NY State Employers' Identification No. \_\_\_\_\_

c) NY State Sales Tax Identification No. \_\_\_\_\_

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal action.

**YOU ARE REQUIRED TO NOTIFY THIS OFFICE IN WRITING WITHIN 10 DAYS OF ANY CHANGE IN OWNERSHIP, OPERATION OR CHANGE OF ADDRESS WITH RESPECT TO YOUR CORPORATION AND/OR STOCKHOLDERS, PARTNERSHIP OR INDIVIDUAL BUSINESS**

**\*Failure to do so may result in revocation of license\***

\_\_\_\_\_  
Applicant Signature

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public





DEPARTMENT OF CONSUMER AFFAIRS

**DISCLOSURE FORM - This form is to be completed by each individual owner, partner, officer, principal, director and stockholder (holding more than 5% of the outstanding stock), sales representative, manager, and any other person that negotiates with a consumer. All applicants will be fingerprinted. Fingerprints will be submitted to DCJS for a criminal background check.**

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

DMV ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.**

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND WRITTEN EXPLANATION FOR ALL CHARGES. A COPY OF THE COURT CASE(S) MAY BE REQUIRED.**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU?  Yes  No

DO YOU HAVE ANY CHILD SUPPORT ORDER(S)? IF YES, YOU MUST SUBMIT A COPY OF THE ORDER AND PROOF THAT ALL SCHEDULED PAYMENTS ARE BEING MADE.  Yes  No

DO YOU HAVE ANY JUDGMENTS, LIENS OR TAX WARRANTS  Yes  No

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD A SCRAP METAL PROCESSOR LICENSE ISSUED BY ANY OTHER MUNICIPALITY? [IF "YES", LIST INFO BELOW]  Yes  No

\_\_\_\_\_  
MUNICIPALITY                      LICENSE NUMBER                      EXPIRATION DATE

\_\_\_\_\_  
MUNICIPALITY                      LICENSE NUMBER                      EXPIRATION DATE



DEPARTMENT OF CONSUMER AFFAIRS

EACH INDIVIDUAL OWNER, PARTNER, OFFICER, DIRECTOR AND STOCKHOLDER (HOLDING MORE THAN 5% OF THE OUTSTANDING STOCK) MUST SUBMIT THIS AFFADAVIT WITH THE APPLICATION

AFFADAVIT OF APPLICANT  
FOR SCRAP METAL PROCESSOR, VEHICLE DISMANTLER & JUNK DEALERS LICENSE

I, \_\_\_\_\_ having been duly sworn, as \_\_\_\_\_  
*Print Full Name* *Title*  
of \_\_\_\_\_  
*Name of Business*

having been duly sworn, depose and state that:

- a) I have examined this application and to the best of my knowledge, all information and answers herein are true, correct and complete.
- b) I certify that my age is at least 18 years.
- c) I understand and agree that the fees paid with this application are non-refundable and that the payment of these fees does not guarantee the issuance of a license.
- d) I am required to notify this office in writing within ten (10) days of any change in address.
- e) In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. The Rules and Regulations can be viewed at [www.nassaucountyny.gov/agencies/oca/Legal/laws](http://www.nassaucountyny.gov/agencies/oca/Legal/laws).
- f) No weighing or measuring device shall be used in the purchase or sale of scrap metal, vehicles or junk within Nassau County without first notifying the Department of Consumer Affairs of its intended use. This is to include new, used, repaired devices or devices which have been moved from the location where they were originally tested and sealed, either within or outside of the County of Nassau.
- g) By the close of the business day shall keep a written and electronic record in machine-readable format in a form prescribed by the Commissioner.
- h) The Commissioner may at any time request any additional information that deems fit and appropriate in order to properly assess the eligibility of any applicant for Nassau County Scrap Metal Processor, Vehicle Dismantler and Junk Dealers License
- i) I understand that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

**PENALTY FOR FALSIFICATION:** Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal prosecution by the Office of the District Attorney.

**MUST BE NOTARIZED**

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Applicant Printed Name)

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
(Applicant Signature)