

LAURA CURRAN
COUNTY EXECUTIVE



GREGORY A. MAY
COMMISSIONER

DEPARTMENT OF CONSUMER AFFAIRS

Dear Vendor:

Enclosed is the Nassau County Health Club Operators 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 HEALTH CLUB OPERATORS 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 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. Escrow Required. Proof of escrow account must be submitted pursuant to Title D-24, Section 21-32.2

13. Surety Bonds must have a 45 day cancellation notice. Requirements as follows: (unless exempt)

- \$ 50,000 – sells contracts under one year
- \$ 75,000 – sells contract more than 12 months, up to 24 months
- \$150,000 - sells contract more than 24 months, up to 36 months

14. Additional Surety Bond for additional locations or multiple franchises of a common franchisor:

- For 3 to 4 additional locations – add \$50,000 to bond
- For 5 to 6 additional locations – add \$100,000 to bond
- For 7 to 9 additional locations – add \$150,000 to bond
- For ten or more additional locations – add \$200,000 to bond

Nassau County Health Club Operators License fees are as follows:

- | | |
|------------------------------------------------|-----------|
| 1. New application for a two (2) year license: | \$1300.00 |
| 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

REQUIRED LIABILITY INSURANCE COVERAGE

NASSAU COUNTY HEALTH CLUB OPERATORS LICENSE

A current/in effect Certificate of Insurance MUST accompany your application with the following information included:

- 1) Producer's name, address and phone number.
- 2) Insured's name and address exactly as the application reads. All business locations must be listed on the certificate.
- 3) Type of insurance shown, Policy number, policy effective and expiration dates and a full description of the type work covered under the policy.
- 4) Authorized Representative Signature.
- 5) Limits of Insurance: Bodily Injury - \$100,000.00/300,000.00
Property Damage - \$50,000.00/50,000.00
Combined Limit - \$300,000.00 minimum.

DEDUCTIBLES ARE NOT ACCEPTABLE

- 6) Certificate Holder: Nassau County Department of Consumer Affairs
240 Old Country Road
Mineola, New York 11501
- 7) 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.

SURETY BONDS must have a minimum 45-day cancellation notice.

SHOULD THERE BE ANY QUESTIONS REGARDING THESE INSTRUCTIONS,
YOU MAY CONTACT:

Licensing Division
516-571-3872



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: \$1300.00
 Date Paid: _____ Receipt No.: _____
 CC/MO No.: _____
 Issued By: _____

**HEALTH CLUB OPERATORS
 LICENSE 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

Home Improvement/Home Services/Electronic & Home Appliance Repair/Health Club Operators

This form is to be completed by each individual owner, partner, officer, principal, director and stockholder (holding more than 10% of the outstanding stock), sales representative, manager, foreman and any other person that negotiates with a consumer.

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK. ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE UNDER PENALTY OF LAW.

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

Signature: _____

Name of Business: _____

DMV ID No.: _____ Social Security No.: _____ DOB: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

You must have at least 5 years recent, verifiable experience in the relevant field. You are required to submit W2's or 1099's for proof.

I have at least ___ years' experience in the relevant field, or in related activities, which similarly tend to establish my competence to operate a business.

PRACTICAL EXPERIENCE

Firm Name: _____ Dates of Employment: _____

Firm Address: _____ Phone Number: _____

Position: _____

Description of Duties: _____

Company Owner: _____ Supervisor: _____

Firm Name: _____ Dates of Employment: _____

Firm Address: _____ Phone Number: _____

Position: _____

Description of Duties: _____

Company Owner: _____ Supervisor: _____

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 CIVIL OR CRIMINAL ACTIONS NOW PENDING IN WHICH YOU HAVE BEEN INVOLVED PERSONALLY AND/OR IN THE COURSE OF BUSINESS? 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

HAVE YOU EVER FILED FOR BANKRUPTCY (BUSINESS OR PERSONAL)? Yes No

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__

Notary's Signature

(Applicant Printed Name)

(Applicant Signature)