



COUNTY OF NASSAU
DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola NY 11501
516-571-2600
email consumeraffairs@nassaucountyny.gov
www.nassaucountyny.gov

ATM REGISTRATION FORM—YEAR: 2024
(All Sections Must Be Completed)

NEW (\$180)

RENEWAL (\$180)

ONE ATM per Application Page 1 of 2

LOCATION OF ATM

Store/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ email: _____

Contact Person: _____ Title: _____

OWNER / OPERATOR OF ATM

Store/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ email: _____

Contact Person: _____ Title: _____

Federal Employers' Identification Number: _____

SERVICING AGENT

(Company in contract with Owner / Operator to provide customer relations, financial recordkeeping, repairs or service.)

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ email: _____

Contact Person: _____ Title: _____

ATM REGISTRATION FORM *page 2 of 2*

ATM INFORMATION

Make: _____ Model: _____ Serial number: _____

ATM Registered with applicable Federal and State Regulations: Yes No

24 hour toll free service number for customer service: _____

ATM fee assessed per transaction: \$ _____

CHECK Types of transactions Accessible:

Dispense cash: Provide account balances: Transfer funds within institution:

Other (please specify): _____

Name of "EFT" Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MAILING INSTRUCTIONS

Mail Registration Sticker to	Location	Owner	Service Agent
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SIGNATURE

Please enclose the following documents with application as per local law 2-2005:

1. Copy of the operation / lease agreement between Store and Owner / Operator. (if not filed already)
2. Proof of ownership of ATM.

I have received and read a copy of local law 2-2005 regarding the rules and regulations of registering all non- bank location ATM's with the Nassau County Department of Consumer Affairs. I understand the law, rules & regulations as stated and agree to comply. **Failure to comply with the law or falsification of this document may result in a violation punishable up to \$5000.00 and criminal prosecution.**

Name: _____ Title: _____

Signature: _____ Date: _____

FEE

Please write check in Amount of \$180 Payable to COUNTY OF NASSAU

MAIL

Nassau County Department of Consumer Affairs
240 Old Country Rd
Mineola, NY 11501
Attn: ATM Administrator