



COUNTY OF NASSAU  
DEPARTMENT OF CONSUMER AFFAIRS  
240 Old Country Road, Mineola NY 11501  
516-571-2600  
email [consumeraffairs@nassaucountyny.gov](mailto:consumeraffairs@nassaucountyny.gov)  
[www.nassaucountyny.gov](http://www.nassaucountyny.gov)

# ATM REGISTRATION FORM—YEAR: **2025**

NEW (\$180)

RENEWAL (\$180)

*(All Sections Must Be Completed)*

*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
------------------------------	----------	-------	---------------

## 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.

If you knowingly possess a written document or instrument containing a **false statement** or information, and you **submit** the document or instrument to a public authority or public office, you can be charged with Offering a False Instrument For Filing in the First Degree, a **Class E Felony**. See NY Penal Law Section 175.35

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