Michael Budzinski, PE Director Ext. 46111



John Lee, Inspector Weights & Measures Ext. 46109

PUTNAM COUNTY CONSUMER AFFAIRS

Weights and Measures
Phone: 845-808-1617 Fax: 845-808-1930

November 14, 2023

Enclosed please find the renewal application for your "Second Hand Dealers of Precious Metals and Gems" license. To ensure quick processing, please make sure that you include all the required documentation when submitting for renewal. Incomplete applications may be returned.

In order to avoid suspension of your license, all applications must be received in our office, or postmarked, <u>no later than December 31, 2023</u>.

If you have any questions, please feel free to contact our office.

Sincerely,

Michael Budzinski, PE

Director

Michael Budzinski, PE Director Ext. 46111



John Lee, Inspector Weights & Measures Ext. 46109

PUTNAM COUNTY CONSUMER AFFAIRS

Weights and Measures 110 Old Route 6, Building #3; Carmel, NY 10512 Phone: 845-808-1617

2024 RENEWAL DEALER OF SECONDHAND PRECIOUS METALS AND GEMS LICENSING INSTRUCTIONS

Please use this checklist to complete the enclosed application and return it with the documents listed below. *Any application submitted without all the requested information and documentation will be returned and considered invalid*

Checklist for RENEWAL APPLICANTS:
☐ Completed <u>APPLICATION FORM</u>
☐ Include ONE of the following:
□ WORKERS COMPENSATION FORM (C105.2 or U26.3); OR
 Certificate Holder MUST be Putnam County Office of Consumer Affairs
□ WORKERS COMPENSATION WAIVER FORM CE-200; OR
Click here: wcb.ny.gov
☐ <u>AFFIDAVIT OF COMPLIANCE</u>
☐ Include LICENSE & PERMIT BOND IN THE AMOUNT OF \$5,000.00
Requirements:
☐ Bond MUST be for a 1-year period with an expiration date that MUST
correspond with the term of the license
☐ The obligee MUST be Putnam County Office of Consumer Affairs
Complete the attached CHILD SUPPORT FORM
*NOTE: Not required if your business is a corporation or LLC
☐ Include the LICENSE FEE in the form of a check or money order in the amount of
\$250.00 made payable to: Putnam County Commissioner of Finance

(i) Questions? Please call or email (<u>JOHN.LEE@PUTNAMCOUNTYNY.GOV</u>) our office. THANK YOU for your compliance with Putnam County Secondhand Dealers Law.



PUTNAM COUNTY

Office of Consumer Affairs 110 Old Route 6 Bldg. 3 Carmel, NY 10512 (845) 808-1617, x46109 http://www.putnamcountyny.gov/consumer-affairs/

FOR OFFICE USE ONLY				
License No.	Account No			
Fee Amount:	☐ Check #:			
□ M.O. #:	Child Support: \square N/A \square Y			
W/C:	Bond Exp			
Photo on File: □ Y □ N	-			
Notes:				

RENEWAL APPLICATION FOR LICENSE AS A DEALER OF SECONDHAND PRECIOUS METALS AND GEMS- 2024 *Answers to ALL questions must be printed or typed, accurate and complete ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ LLC **Business Type: Description of Business** Please provide scope of work: **Business Information** Business Name: Business Address: Business Phone: Fax: E-mail: **Applicant Information** Home Phone: Name: Check box if same as business address $\rightarrow \Box$ Cell Phone: Home Address: E-mail: Position: ☐ Owner ☐ President ☐ Partner 1. Where should we mail correspondence that relates to your business? ☐ BUSINESS ADDRESS ☐ HOME ADDRESS 2. Does any of the above information indicate any changes since the last application? \square YES \square NO If so, list changes: NOTE: If business address has changed please provide Business Certificate or Corporate Receipt indicating change 3. Have there been any unsatisfied judgments against any individual, partner and/or corporate officer since the last application? ☐ YES ☐ NO If so, please give details: DATE: COURT: JUDGMENT CREDITOR: DISPOSITION: 4. Have there been any criminal convictions against any individual, partner and/or corporate officer since the last application? ☐ YES ☐ NO If so, please give details: DATE: COURT: **JUDGMENT CREDITOR:** DISPOSITION: 5. Have you or any individual, partner or corporate officer ever had a professional or vocational license suspended or revoked or

In consideration of being granted a license to conduct a Secondhand Dealer of Precious Metals and Gems business in Putnam County, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Office of Consumer Affairs. I certify that the information on this application is true and accurate and understand that any incomplete, inaccurate or false information may cause the license to be delayed, denied, suspended or revoked.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine and/or imprisonment. **Application must be signed by the highest-ranking official of the business/company requesting licensing.**

SIGNATURE OF APPLICANT:	 DATE:
PRINT NAME:	

have been issued a violation relating to your business practices?

□ YES □ NO

If so, please explain:

Division of Safety and Health License and Certificate Unit Harriman State Office Campus Building 12, Room 161A Albany NY 12240 (518) 457-2735

WE ARE YOUR DOL



www.labor.ny.gov license&certifcate@labor.ny.gov

Appendix to a License/Certificate Application

The child support obligations
(New York State General Obligations Law Title 5 section 3-503)
do not apply to corporations.

Complete, sign and date this form if you are applying for a license/certificate or license/certificate renewal.

Αŗ	oplicant's Information				
Last name:		First name:	N	_Middle initial:	
Sc	ocial Security number:				
Th	e type of license/certificate requested:			<u> </u>	
Βι	usiness:	Title:			
Ce	ertification				
Ar	e you under an obligation to pay child sup	port? If yes, complete items 1 - 4.	☐ Yes	☐ No	
1.	I am making payments in accordance wi	th a plan agreed upon by the parties.	☐ Yes	☐ No	
2.	I am four months or more behind in the p	payment of child support.	☐ Yes	☐ No	
3.	My child support obligation is the subject	t of a pending court proceeding.	☐ Yes	☐ No	
4.	I am receiving public assistance or supp	lemental security income.	☐ Yes	☐ No	
Wa	you are four months or more behind in arrant relating to a paternity or child su ofessional and/or driver licenses.				
Αf	firmation				
Ιa	cknowledge that giving false information is	s a crime and may result in this license/ce	ertificate being re	evoked.	
Sig	gnature:	Date:			

AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF NEW YORK STATE WORKERS' COMPENSATION LAW

STAT	E OF NEW YORK)	
COUN	NTY OF PUTNAM) ss.:)	
and sa	I,	•	
1.	I am the owner/auth	orized representati	<u>ve</u> of
	((circle one)	(print name of company)
	with all applicable I	New York State Wo	or company named above is in full compliance orkers' Compensation laws and regulations and compliance throughout the length of licensing.
		_	(signature of deponent)
Subscri	ibed and sworn to before	me on	
this	day of	, 20	
	NOTARY PUBLIC		