

Michael Budzinski, PE  
Director  
Ext. 46111



John Lee, Inspector  
Weights & Measures  
Ext. 46109

**PUTNAM COUNTY CONSUMER AFFAIRS**  
**Weights and Measures/Trades Licensing and Registration**  
**Phone: 845-808-1617 Fax: 845-808-1930**

November 19, 2019

Enclosed please find the renewal application for your "Second Hand Dealers of Precious Metals and Gems" license. In order 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 a late fee, all applications must be received in our office or postmarked **no later than December 31, 2019.**

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

Sincerely,

A handwritten signature in black ink that reads "Michael Budzinski". The signature is written in a cursive style.

Michael Budzinski, PE  
Director

# **\*\*ATTENTION\*\***

For businesses eligible for a New York State Workers' Compensation Waiver we have developed an alternative form for your use. The attached "AFFIDAVIT OF COMPLIANCE WITH THE REQUIREMENTS OF NEW YORK STATE WORKERS' COMPENSATION LAW" can be submitted **in place of** the standard Waiver obtained from the New York State Workers' Compensation Board. Please note that the Affidavit of Compliance must be notarized. Please call or email our Office if you have any questions, (845) 808-1617 x46109, [JOHN.LEE@PUTNAMCOUNTYNY.GOV](mailto:JOHN.LEE@PUTNAMCOUNTYNY.GOV).

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**2020 RENEWAL**  
**DEALER OF SECONDHAND PRECIOUS METALS AND GEMS LICENSING INSTRUCTIONS**

Please do your best to 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 **APPLICATION FORM**
- Include **WORKERS COMPENSATION FORM (C105.2 or U26.3), WORKERS COMPENSATION WAIVER FORM CE-200, or AFFIDAVIT OF COMPLIANCE**  
*Requirements:*
  - Certificate Holder MUST be Putnam County Office of Consumer Affairs
  - \*NOTE: If Workers Compensation is not required, you MUST fill out for a Workers Compensation Waiver online (Form CE-200) at [www.wcb.ny.gov](http://www.wcb.ny.gov) OR the Affidavit of Compliance
- 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
- Complete the attached **ROSTER OF EMPLOYEES** for all employees authorized to engage in secondhand dealer transactions
- 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***

① **Questions? Please call or email 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,  
<http://www.putnamcountyny.com/consumer-affairs/>

FOR OFFICE USE ONLY	
License No. _____	Fee Amount: _____
<input type="checkbox"/> Check #: _____	<input type="checkbox"/> M.O. #: _____
Receipt No. _____	Child Support: <input type="checkbox"/> N/A <input type="checkbox"/> Y
W/C: _____	
Bond Exp. _____	Photo on File: <input type="checkbox"/> Y <input type="checkbox"/> N
Notes: _____	

**RENEWAL APPLICATION FOR LICENSE AS A DEALER OF SECONDHAND PRECIOUS METALS AND GEMS- 2020**  
*\*Answers to ALL questions must be printed or typed, accurate and complete*

**Business Type:**     Individual    Partnership    Joint Venture    Corporation    LLC

**Description of Business**

Please provide scope of work: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_  
 Check box if same as business address →   
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Position:  Owner    President    Partner

- Where should we mail correspondence that relates to your business?  
 BUSINESS ADDRESS     HOMEADDRESS
- Does any of the above information indicate any changes since the last application?    YES    NO  
 If so, list changes: \_\_\_\_\_  
*NOTE: If business address has changed please provide Business Certificate or Corporate Receipt indicating change*
- 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:  

<b>DATE:</b>	<b>COURT:</b>	<b>JUDGMENT CREDITOR:</b>	<b>DISPOSITION:</b>
_____	_____	_____	_____
- 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:  

<b>DATE:</b>	<b>COURT:</b>	<b>CHARGES:</b>	<b>DISPOSITION:</b>
_____	_____	_____	_____
- Have you or any individual, partner or corporate officer ever had a professional or vocational license suspended or revoked or have been issued a violation relating to your business practices?  
 YES    NO  
 If so, please explain:  
 \_\_\_\_\_

**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:** \_\_\_\_\_

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

STATE OF NEW YORK    )  
                                  ) ss.:  
COUNTY OF PUTNAM    )

I, \_\_\_\_\_, being duly sworn upon his/her oath deposes  
                  *(print name of deponent)*  
and says the following under the penalty of perjury:

- 1. I am the owner/authorized representative of \_\_\_\_\_.  
                                  *(circle one)*                                  *(print name of company)*
  
- 2. I certify that the corporation, business, or company named above is in full compliance  
with all applicable New York State Workers' Compensation laws and regulations and  
that I reasonably anticipate continuing compliance throughout the length of licensing.

\_\_\_\_\_  
*(signature of deponent)*

Subscribed and sworn to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
NOTARY PUBLIC

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](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto:license&certificate@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.

#### Applicant's Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social Security number: \_\_\_\_\_

The type of license/certificate requested: \_\_\_\_\_

Business: \_\_\_\_\_ Title: \_\_\_\_\_

#### Certification

Are you under an obligation to pay child support? If yes, complete items 1 - 4.  Yes  No

1. I am making payments in accordance with a plan agreed upon by the parties.  Yes  No

2. I am four months or more behind in the payment of child support.  Yes  No

3. My child support obligation is the subject of a pending court proceeding.  Yes  No

4. I am receiving public assistance or supplemental security income.  Yes  No

**If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional and/or driver licenses.**

#### Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

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



PUTNAM COUNTY CONSUMER AFFAIRS

Weights and Measures

110 Old Route 6, Building #3 Carmel, NY 10512

Phone: 845-808-1617 Fax: 845-808-1930

License No.: \_\_\_\_\_

**ROSTER OF EMPLOYEES**

Please Type or Print

APPLICANT: \_\_\_\_\_  
Individual  Partnership  Corporation

TRADE NAME: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

The Applicant must list his agents, employees or duly authorized representatives.

NAME	TITLE	RESIDENT ADDRESS	SIGNATURE

USE ADDITIONAL SHEET IF NECESSARY

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

\_\_\_\_\_  
Signature & Title of Applicant

NOTICE MUST BE GIVEN TO THIS OFFICE IMMEDIATELY OF ANY CHANGE IN PERSONNEL