



Steven Bellone
Suffolk County Executive

Frank Nardelli
Commissioner

SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

PRECIOUS METAL/GEMS LICENSE APPLICATION INFORMATION

A **\$200.00** Application Fee, payable by check or money order, must accompany the application. The two-year license issuance fee is **\$400.00**. This additional fee must be paid in a SEPARATE AMOUNT either as a check or a money order made payable to SC Consumer Affairs (**ABSOLUTELY NO CASH**)

If you have more than one business location in Suffolk County operating under the exact same corporate or business name, you must apply for and obtain a supplementary license for each additional location. The fee for a supplementary license is **\$100.00** per additional location. Please include this additional fee with your application.

Applicant must:

Come in person to apply.

Fill out application in duplicate.

Attach a passport photo to each application.

Provide d/b/a or corporate minutes and state filing receipt.

Provide copy of your NYS driver's license or NYSDMV non-driver photo I.D.

Provide proof of a five thousand-dollar security bond.

We are providing a copy of the Precious Metal and Gem Exchange Dealers Licensing Law

Please note Section 563.40 requires all Precious Metal Dealers to submit a Five Thousand (\$5000.00) Dollar bond for a new license or a renewal. Article IV of the Suffolk County Code requires:

Records must be kept in English.

Record keeping requires the signature of the person identified in the transaction.

Inspection of books and records is reworded to cover all records.

Daily reporting to the Police Commissioner or Chief of Police is now required. Any reporting shall be filed electronically.

No precious metal exchange establishment shall purchase precious metal from individuals who are intoxicated or of unsound mind under Section 563.44.

A precious metal exchange establishment is prohibited from purchasing precious metal from a person presenting merchandise that possesses an altered or obliterated serial number or any item that has had its serial number removed.

The holding period for a precious metal exchange establishment is twenty-one (21) days.

Section 563.48 The Investigative Hold states whenever a law enforcement or Consumer Affairs Official notifies a licensee not to sell an item; the item shall not be sold or removed from the premises. The investigative hold shall be confirmed in writing within 72 hours and shall remain in effect for 15 days.

The Order to Hold states whenever the Commissioner of Police, a Police Chief, or Commissioner of Labor, Licensing & Consumer Affairs notifies a licensee not to sell an item, the item shall not be sold or removed from the premises until 90 days from the date the order is placed or when notified by the aforementioned individuals the hold is removed. (During the holding period, the licensee must be provided with the name, phone number and case number of the holding agency related to the hold order).

Scale Notice: If you are exchanging and/or buying precious metal/gems and possess a scale for such purposes, you are required to notify Consumer Affairs at 631-853-5730 that you have obtained a **Legal for Trade NTEP Approved Class/Type II** scale and the intended use for such scale. **Failure to do so is a violation of law.**



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PRECIOUS METAL/GEMS DEALER LICENSE APPLICATION

Your
Photo

Non-Refundable Application fee of \$200.00 by check, or money order made payable to SC Consumer Affairs must accompany Precious Metal/Gems License Application.

FOR OFFICIAL USE ONLY

PM# _____

ORIGINAL ISSUE DATE _____

VNMBR# _____

FED ID TAX # _____

NY STATE TAX # _____

Please Print – Answer all questions. Immediate notice should be given of any change of address.

Last Name	First Name	Initial	Business Name			
Address - Number and Street			Address - Number and Street			
City	State	Zip	City	State	Zip	
Telephone Number (including area code) Home: Business: Cell: Fax:			Type of Business ___Corporation ___Partnership ___Sole Proprietorship ___Other			
Social Security Number			Date of Birth		Height	Weight
Email Address			Month	Day	Year	Ft. In. Lbs.

Privacy Act Statement

Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 563.5 and/or SCC 239, and/or sec 275-3A, and/or SCC 313-18A, and/or SCC 361-3A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Labor, Licensing, & Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.

Additional Business Locations

Address	City	State	Zip
Address	City	State	Zip

List all principal officers or partners associated with your present business. Please include their present position in the firm.

Name	Address	Position in firm
Name	Address	Position in firm
Name	Address	Position in firm

Have you ever been convicted of a violation of law, other than a traffic violation? ___No ___Yes If yes, explain:

DECLARATION (To be completed by applicant)

I declare under penalties of the Penal Law, that I prepared this Application and that the statements contained herein are, to the best of my knowledge and belief, true, correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith.

Signed _____ Date _____



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City	State	Zip	City	State	Zip		
Telephone Number (including area code) Home: Business: Cell: Fax:			Type of Business ___Corporation ___Partnership ___Sole Proprietorship ___Other				
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APPLICANT BACKGROUND INFORMATION

Your Name _____

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS AND SIGN THIS FORM. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET.

(1) Have you ever been convicted of a crime or offense of any kind (other than traffic or parking violations) or entered a plea of guilty or nolo contendere? Y ___ or N ___

(2) Are any criminal charges currently pending against you? Y ___ or N ___

(3) Are you now, or were you ever on parole or probation? If YES, you MUST provide a letter of good standing from your parole/probation officer. Y ___ or N ___

(4) Have you ever been the subject of any investigation by a federal, state or local agency (other than a routine background investigation for employment purposes)? Y ___ or N ___

(5) Have you ever been cited for contempt of any court or legislative, civil or criminal investigative body or grand jury? Y ___ or N ___

(6) Have you, or any business in which you are or were an owner, officer, director or partner, been the subject of any criminal or administrative investigation? Y ___ or N ___

(7) Are there any liens or judgments against you or any business in which you are or were an owner, officer, director or partner? Y ___ or N ___

(8) Were you, or any business in which you are or were an owner, officer, director or partner, ever involved in a bankruptcy proceeding? If yes, where and when _____ Y ___ or N ___

(9) Are there any tax liens currently assessed or pending against you or any business in which you are or were an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest? Y ___ or N ___

(10) How long have you resided at your current address? _____ Yrs. ___ Mths.

(11) Have you resided outside the State of New York for more than 180 days in the last calendar year? Y ___ or N ___

If so, please indicate below your out of state residence address:

(12) Have you been conducting business under the present business name, and if so, where? _____ Y ___ or N ___

(13) Do you own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities? Y ___ or N ___

(14) Are you in arrears on any child support and/or maintenance obligations? Y ___ or N ___

(15) Bank Accounts for this business:

Bank Name & Location: _____

Bank Account #: _____

Date Opened: _____

NOTE: A LICENSE WILL NOT BE ISSUED WITHOUT A VALID BANK ACCOUNT.

(16) Name of CPA, if any: _____

Name of corporate attorney, if any: _____

(17) Have you or any immediate family member ever been involved in a business which had a license issued by this Office? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

(18) Have you or any immediate family member ever been involved in a business which had a license issued by:

New York City? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

Nassau County? Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

Any other local municipalities?

Yes ___ No ___ License # _____ Date Issued _____ Expiration Date _____

Was this license suspended or revoked? Yes ___ No ___ Date Suspended _____ Date Revoked _____

NOTE: ALL ANSWERS AND RESPONSES WILL BE CHECKED AND VERIFIED VIA COMPUTER SEARCH AND OTHER INVESTIGATIVE METHODS.

AFFIRMATION (to be completed by Applicant): I AFFIRM UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION THEREWITH.

Signed _____ Date _____



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STATE OF NEW YORK)
) ss:
COUNTY OF SUFFOLK)

AFFIRMATION

(Name) _____

(Company Name) _____

1. You must check either (A) or (B)

(A) I affirm that there have never been any judgments filed against the above named individual applicant or firm.

(B) I affirm that all judgments against me have been discharged, are being appealed, or being paid according to agreed scheduled payments with creditors and that there are no unsatisfied or unnegotiated judgments against either the above named individual applicant or firm.

2. Briefly describe work to be performed:

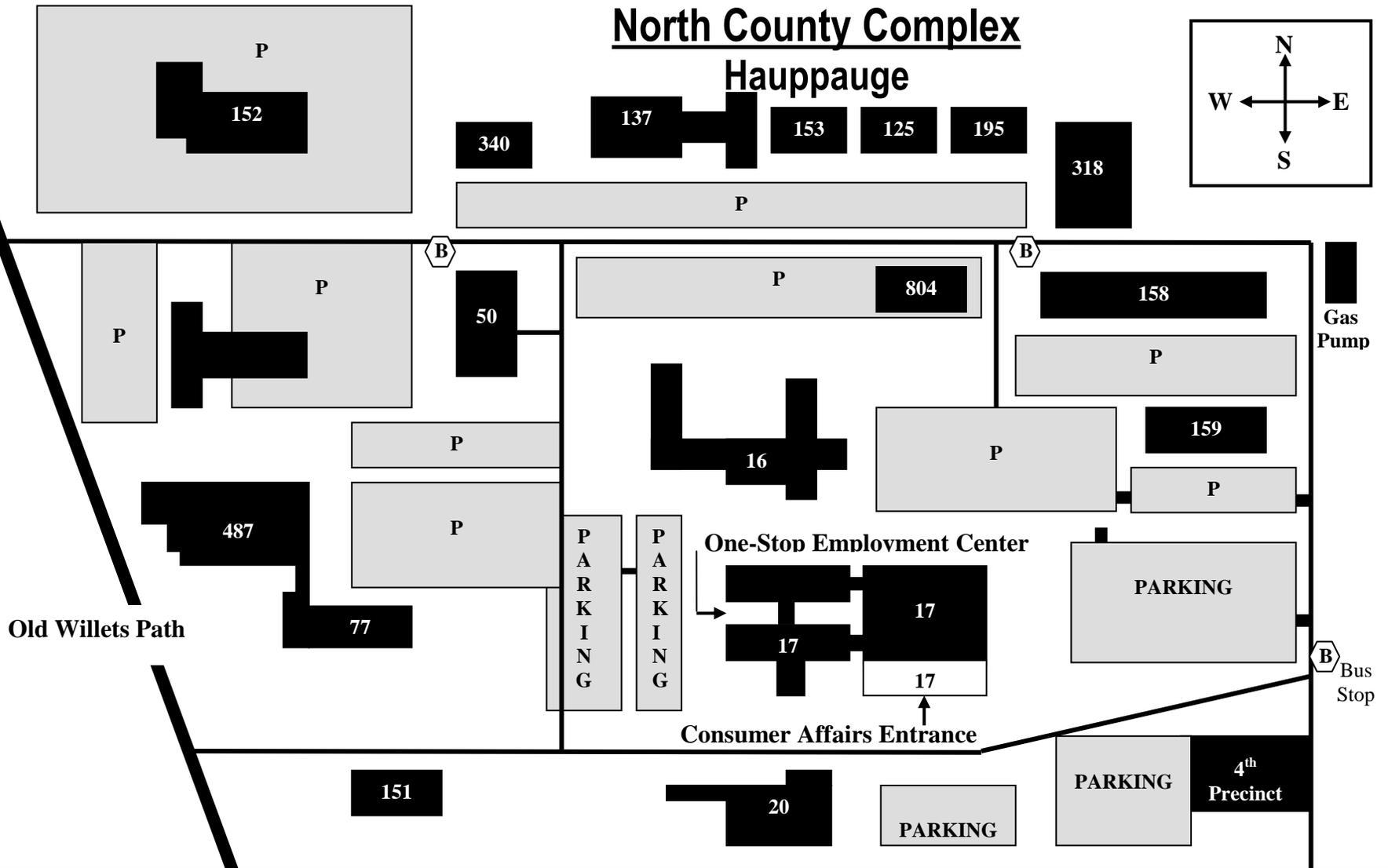
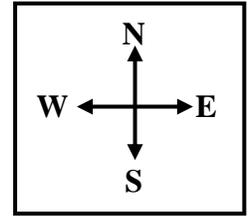
Individual's Name and Title

Company Name

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Signed _____ Date _____

North County Complex Hauppauge



Northern State Pkwy Light

Light

Veterans Memorial Highway

Light

16- EAC Community Mediation
17- Suffolk County One-Stop
17- Consumer Affairs
 20- County Legislature
 50- Data Processing
 77- District Attorney

125- Relocation & Grounds
 137- Custodial Warehouse
 151- Telecommunications Unit
 152- Fleet Garage
 153- DCA Testing Facility

158- Personnel /Civil Service/ Handicap Services & 4th District Court
 159- Department of Health Services/ Alcohol & Substance Abuse/ Bureau of Environmental Protection

195- Relocation & Grounds
 318- Department of Public Works
 487- Forensic Science Building
 804- TASC Building