



## **SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS**

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

### **DEALERS IN SECOND-HAND ARTICLES LICENSE APPLICATION**

Suffolk County Code requires every secondhand dealer doing business in Suffolk County to obtain a license from the Suffolk County Department of Labor, Licensing & Consumer Affairs.

#### **WHO MUST GET A LICENSE?**

“Dealer in Secondhand Articles” shall mean any person, corporation, partnership or other entity and its employees that, as a business, deals in the purchase or sale of the following secondhand articles.

- a. Antique firearms
- b. Rifles
- c. Shotguns
- d. Cameras and other photography equipment
- e. Business machines including, but not limited to, typewriters, copying machines, sorting machines, calculators, word processing equipment, and data processing equipment
- f. Electronic equipment or component parts thereof including, but not limited to, televisions, stereos, computers, cell phones, tablets, videocassette recorders, video games, citizen band radios, and cable television converters, and descramblers
- g. Electrical appliances other than refrigerators, washers, dryers, stoves, ovens and home freezers
- h. Marine equipment including, but not limited to inboard and outboard motors, anchors, fenders, and radio and navigation equipment. This equipment shall not include boats.
- i. Telescopes
- j . Binoculars
- k. Musical instruments
- l. Gift Cards

“Secondhand” Article means something which

- a. Has been previously sold at retail, or
- b. Has been previously used or is not in new condition



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Fill out the enclosed application forms and return them with a nonrefundable application fee of two hundred (\$200.00) dollars, which you must submit by either exact amount of money order or check made payable to Suffolk County Consumer Affairs.

Each additional business location requires a one hundred (\$100.00) dollar fee. Once your application has been approved, you will be asked to submit a check, money order for four hundred (\$400.00) dollars for the required two-year license. Approximately thirty (30) days before your license expires, you will be sent a renewal notice to extend your license another two years.

Applicant must attach the following to the application:

- A) If incorporated, please provide a copy of your corporate minutes indicating your position in the corporation, and a copy of state filing receipt.

OR

- B) If you are a DBA, please provide a DBA certificate. (Call the Suffolk County Clerk's Office in Riverhead at (631) 852-2000 for information.)

AND

- C) Copy of driver's license or DMV non-driver photo ID.
- D) Application must be filled out in duplicate. Please attach a recent photo to each application.
- E) The provisions of §563, state every applicant for a dealer in secondhand articles license shall submit a five-thousand-dollar bond, or for renewal of a license, evidence of a bond issued in favor of the licensee.

Steven Bellone  
Suffolk County Executive



Frank Nardelli  
Commissioner

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**DEALERS IN SECOND-HAND ARTICLES LICENSE APPLICATION**

**FOR OFFICIAL USE ONLY**

FED ID TAX # \_\_\_\_\_

NY STATE TAX # \_\_\_\_\_

**Your  
Photo**

**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.

**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 Ft.    In.	Weight Lbs.	
Email Address			Month			Day

**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			
Social Security Number			Date of Birth	Month	Day	Year
Email Address			Height			
			Ft.	In.	Lbs.	

**Additional Business Locations**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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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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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

**AFFIRMATION** (To be completed by Applicant): I AFFIRM 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 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 HEREWITH.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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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 HEREIN 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 HEREWITH.

Signed \_\_\_\_\_ Date \_\_\_\_\_

