

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
DEBT COLLECTION AGENCY
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. Must submit a copy of Certificate of Incorporation or filing receipt for the State in which your business is located.
3. Make certified checks/money orders payable to the City of Yonkers.
4. Any applicant that is not a Yonkers resident must list the name and address of a registered agent within the City upon whom process or other notification may be served. If none is listed, the Director of the Consumer Protection Bureau will be automatically designated as such.
5. Must submit a copy of photo identification/state issued drivers license of applicant.

LICENSING FEES AND EXPIRATION DATE

\$300.00/term
License expires one year following date of issuance.

INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS

NAME	ADDRESS	SOCIAL SECURITY #	PHONE #

License #: _____

Date Issued: _____

Mike Spano, Mayor
Kerry O'Brien Hess, Director

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
DEBT COLLECTION AGENCY
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:	Social Security #:	
Address:		
City:	State:	Zip:
Home Phone #:	Cell #:	
Email:		
Date of Birth:	Sex:	
Are you a citizen of the United States?		
If not, please provide a copy of your INS A Card and #:		
Name of Business (if incorporation, please state):		
Address:		
City:	State:	Zip:
Telephone #:	Email:	
Name of Processing Agent within the City of Yonkers, if applicable:		
Address:		
City:	State:	Zip:
Telephone #:	Email:	
Has applicant ever had a previous license?		
If yes, what type of license?		

Mike Spano, Mayor
Kerry O'Brien Hess, Director

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
DEBT COLLECTION AGENCY
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature/Date: _____ Print name: _____

Notary Public

Mike Spano, Mayor
Kerry O'Brien Hess, Director