

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
CONSUMER PROTECTION BUREAU
SECONDHAND MOTOR VEHICLE
DEALER LICENSE

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

APPLICATION REQUIREMENTS

Pursuant to the provision of the City of Yonkers Code,
All required documents must be submitted with the completed application.
Missing items will result in the delay and/or denial of the application.

1. Application signed by the applicant before a Notary Public.
Applicant must be an owner, partner or officer of the business.
2. Certificate of Occupancy listing current Corporation and/or Tenant.
To obtain Certificate or apply for Change of Tenant contact Dept. of Housing and Buildings.
3. Business Certificate, Partnership Certificate or Articles of Incorporation.
4. License/Permit Bond, executed by a duly authorized Surety Company, a minimum of \$5,000 made and payable to the State of New York Department of Motor Vehicles.
5. Valid Driver's License issued by the Department of Motor Vehicle.
If you do not have a Driver's License, a Dept. of Motor Vehicle issued ID Card is required.
6. NYS Certificate of Authority card issued by NYS Department of Taxation.
7. Certificate of Registered NYS Motor Vehicle License.
For information contact NYS DMV Bureau of Consumer and Facility Services: (518) 474-0919
8. Certificate of Liability Insurance (One Million Dollar Policy) listing the City of Yonkers as Additional Insured and Certificate Holder.
9. Department of Housing and Buildings Inspection Report with Listed Documents.
10. Owner Affidavit completed by the **owner of premises/building** before a Notary Public.

LICENSE FEE, TERMS AND EXPIRATION DATE

1. \$500.00 License Fee; NON-REFUNDABLE.
Payable to the City of Yonkers; *Certified Business Check OR Money Order*
2. Department of Housing and Buildings & Yonkers Fire Department will conduct an inspection prior to license issuance and business operating.
3. Certificate of Occupancy will not be accepted without current Corporation and/or Tenant listed.
Change of Tenant must be applied with the Dept. of Housing and Buildings prior to submitting application.
4. License expires December 31st following date of issuance and will not be prorated or transferable.

Mayor Mike Spano
Director Kerry O'Brien Hess

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Name:	Social Security #:	
Home Address:		
City:	State:	Zip Code:
Phone/cell #: () -		
Date of Birth: / /	Driver License State:	#:
E-mail:		
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain)		
Name of Company:		
DBA/Trade or Display Name:		
Business Address:		
City:	State:	Zip Code:
Business Phone Number:		Web address:
Your Title with Company:		
NYS Motor Vehicle License Number: PROVIDE COPY OF CERTIFCATE		

I, _____ being duly sworn,
deposes and says that all of the answers in the foregoing application are true. I give my consent
for the agency to conduct a background check to confirm any/all information provided herein.

Sworn and subscribed to before me

This ____ day of _____, 20 ____.

Signature of Applicant

Date

Notary Public

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CITY OF YONKERS
 CONSUMER PROTECTION BUREAU
 COMPANY INFORMATION FORM

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

You must list EACH additional owner, partner and officer involved with the company:
 (use additional sheets, if necessary) *If none, initial here: _____

Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		
Name:	Title:	SS#:
Home Address:		

You must list ALL unsatisfied judgments in which the applicant, partner(s) or officer(s) are named
 as judgment debtor:
 (use additional sheets, if necessary) *If none, initial here: _____

Judgment Debtor	Judgment Creditor	Disposition / Court	Date

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PREMISES/BUILDING OWNER AFFIDAVIT
Consent to Operate a Second Hand Motor Vehicle Business

IN THE MATTER OF: _____,
APPLICANT'S NAME

APPLICANT FOR LICENSE TO OPERATE A SECOND HAND MOTOR VEHICLE BUSINESS AT:

BUSINESS NAME

ADDRESS

STATE OF NEW YORK)
COUNTY OF _____) :SS

I, _____, being duly sworn depose and say that:
PREMISES/BLDG. OWNER

_____ is the owner of the land and
PREMISES/BLDG. OWNER/CORP NAME

improvement located at the address named above where the Secondhand Motor Vehicle is to be operated. The deponent individually, as such owner, or on behalf of said corporation as its duly authorized officer and managing agent, hereby consents that the applicant named above may maintain a Secondhand Motor Vehicle, until said consent is terminated in writing and a copy of such termination is transmitted by certified mail, return receipt requested, to the Consumer Protection Bureau. Deponent warrants that he or she is authorized to make this affidavit and the statements and representations contained herein.

Signature of Premises/Building Owner Date

SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20_____

NOTARY

Mayor Mike Spano
Director Kerry O'Brien Hess

87 Nepperhan Ave
5th Floor
Yonkers, NY 10701

CITY OF YONKERS
DEPARTMENT OF HOUSING AND BUILDING Phone: 914-377-6505
INSPECTION REPORT

The Consumer Protection Bureau will not accept Applications without completed Inspection Report and Applicable documents must be attached.

For Information Contact Dept. of Housing and Building: (914) 377- 6505

Block/Lot:

Name of Business:

Address:

Yonkers, NY

Zip Code:

Name of Applicant:

Contact(#):

Email:

Type of Business:

1. CERTIFICATE OF OCCUPANCY

Was Certificate of Occupancy issued in your Business/Tenant Name?

- YES. If YES, attach current Certificate of Occupancy.
- NO. If NO , a CHANGE OF TENANT must be filed with Dept. of Housing and obtained prior to submitting application/renewal with Consumer Protection.

2. BACK FLOW PREVENTER DEVICE

Is there a Backflow Preventer Device installed at Location?

- YES. If YES, attach the annual DOH-1013 test report.
- NO.

3. FIRE SPRINKLER SYSTEM

Is there a Fire Sprinkler System installed at Location?

- YES. If YES, attach the annual NFPA-25 Sprinkler test report.
- NO.

4. FIRE ALARM SYSTEM

Is there a Fire Alarm System installed at Location?

- YES. If YES, attach annual NFPA Fire Alarm test report and monitoring agreement.
- NO.

5. EMERGENCY LIGHTS AND ILLUMINATED EXIT

Are Emergency lights and illuminated Exit signs Installed?

- YES. If YES, attach licensed Electricians' notarized report on Electricians' letterhead.
- NO. If NO, licensed Electrician must file Electrical Permit to install lights with Building Dept. prior to submitting application with Consumer Protection.

6. Exterior Sign

Is there an Exterior Sign?

- YES. If YES, attach current Sign Permit.
- NO.