

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
CONSUMER PROTECTION BUREAU
LOCKSMITH LICENSE

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

APPLICATION REQUIREMENTS

Pursuant to the provision of the City Code of Yonkers,
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.
2. Police Department Affidavit must be signed by the applicant before a Notary Public.
If convicted of a felony & unable to complete affidavit, attach explanation.
3. Two (2) Passport-sized Photographs taken within Thirty (30) days of application date.
4. 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.
5. Provide Five (5) Character References for Applicant.
6. Business Certificate, Partnership Certificate or Articles of Incorporation.

LICENSE FEES, TERMS AND EXPIRATION DATE

1. \$400.00 License Fee; NON-REFUNDABLE.
Payable to the City of Yonkers; *Certified Business Check OR Money Order.*
2. \$125.00 Background Check Fee; NON-REFUNDABLE.
Payable to the City of Yonkers; **U.S. Postal Money Order ONLY**
Yonkers Police Department will conduct background check prior to license issuance.
3. License expires February 28th following date of issuance and will not be prorated or transferable.

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Name:	Social Security #:	
Home Address:		
City:	State:	Zip Code:
Phone/cell #: () -		
Date of Birth: / /	Driver License State:	#:
E-mail:		
Have you ever been arrested or convicted of a crime?		If yes, explain (attach sheet)
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:		

CHARACTER REFERENCE INFORMATION:

Provide Name, Address and Contact Number for FIVE (5) References.

- 1.
- 2.
- 3.
- 4.
- 5.

I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true and that the photographs attached hereto were taken within thirty (30) days of the date of this application. 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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 COMPANY INFORMATION FORM

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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

Mayor Mike Spano
 Director Kerry O'Brien Hess



City of Yonkers
POLICE DEPARTMENT
104 South Broadway
Yonkers, New York 10701
(914) 377-7235

Police Department Affidavit

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) SS:
CITY OF YONKERS)

I, _____,
APPLICANT'S NAME

Being duly sworn, depose and state that I am ___yrs of age, being born on the ___ day of _____,
19____, in the City/Town/Village of _____, in the State of _____.

I presently reside at _____,
in the City/Town/Village _____ State of _____, with my _____.

I am presently employed as a _____,
by _____.

I do hereby solemnly swear under oath that I have never been convicted of a felony, anywhere or at
anytime.

I make this statement with full knowledge that if same is not the truth, I will be liable to the criminal charge
of perjury for giving false information.

Applicant Signature & Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC