

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
CONSUMER PROTECTION BUREAU
CIGARETTE RETAIL DEALER

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

APPLICATION REQUIREMENTS

<p>Pursuant to the provisions 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.</p>
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| 1. Application signed by the applicant before a Notary Public.
Applicant must be an owner, partner or officer of the business. |
| 2. 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. |
| 3. Valid New York State Certificate of Registration of Retail Dealers and Vending Machines for
the Sale of Cigarettes and Tobacco Products and/or Vaping Products. |
| 4. Business Certificate, Partnership Certificate or Articles of Incorporation. |
| 5. NYS Certificate of Authority card, issued by NYS Department of Taxation and Finance. |

LICENSE FEE, TERMS AND EXPIRATION DATE

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| 1. \$200.00 License Fee; NON-REFUNDABLE.
Payable to the City of Yonkers; <i>Certified Business Check OR Money Order</i> |
| 2. Cigarette Retail Dealer: any person, other than a wholesale dealer, engaged in selling
cigarettes, cigars, e-cigarettes and other tobacco products. |
| 3. License expires January 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:		
Products being sold: <input type="checkbox"/> Cigarette/Tobacco Products <input type="checkbox"/> Vape Products (e-cigarettes) <input type="checkbox"/> Both		
Type of establishment (gas station, deli, pharmacy, etc):		
<p>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.</p> <p style="text-align: right;">Sworn and subscribed to before me This ____ day of _____, 20__.</p>		
Signature of Applicant	Date	Notary Public

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CITY OF YONKERS
 CONSUMER PROTECTION BUREAU
 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

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