

Michael Budzinski, PE  
Director  
Ext. 46111



Eric Geiss, Inspector  
Weights & Measures  
Ext. 46109

**PUTNAM COUNTY CONSUMER AFFAIRS**  
**Weights and Measures**  
**Phone: 845-808-1617 Fax: 845-808-1930**

November 25, 2024

Enclosed please find the renewal application for your "Secondhand Dealers of Precious Metals and Gems" license. To ensure quick processing, please make sure that you include all the required documentation when submitting for renewal. Incomplete applications may be returned.

In order to avoid suspension of your license, all applications must be received in our office, or postmarked, **no later than December 31, 2024.**

If you have any questions, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink that reads "Michael Budzinski". The signature is written in a cursive style with a large, prominent initial "M".

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## PUTNAM COUNTY CONSUMER AFFAIRS

Weights and Measures

110 Old Route 6, Building #3; Carmel, NY 10512

Phone: 845-808-1617

### 2025 RENEWAL

### DEALER OF SECONDHAND PRECIOUS METALS AND GEMS LICENSING INSTRUCTIONS

Please use this checklist to complete the enclosed application and return it with the documents listed below.  
***\*Any application submitted without all the requested information and documentation will be returned and considered invalid\****

#### Checklist for RENEWAL APPLICANTS:

- Completed **APPLICATION FORM**
- Include **ONE** of the following:
  - WORKERS COMPENSATION FORM (C105.2 or U26.3); OR**
    - Certificate Holder **MUST** be Putnam County Office of Consumer Affairs
  - WORKERS COMPENSATION WAIVER FORM CE-200; OR**
    - Click here: [wcb.ny.gov](http://wcb.ny.gov)
  - AFFIDAVIT OF COMPLIANCE**
- Include **LICENSE & PERMIT BOND IN THE AMOUNT OF \$5,000.00**  
*Requirements:*
  - Bond **MUST** be for a **1-year** period with an expiration date that **MUST** correspond with the term of the license
  - The obligee **MUST** be Putnam County Office of Consumer Affairs
- Complete the attached **CHILD SUPPORT FORM**  
***\*NOTE:*** Not required if your business is a corporation or LLC
- Include the **LICENSE FEE** in the form of a check or money order in the amount of **\$250.00** made payable to: ***Putnam County Commissioner of Finance***

① **Questions? Please call or email ([ERIC.GEISS@PUTNAMCOUNTYNY.GOV](mailto:ERIC.GEISS@PUTNAMCOUNTYNY.GOV)) our office.**  
THANK YOU for your compliance with Putnam County Secondhand Dealers Law.



**PUTNAM COUNTY**

Office of Consumer Affairs  
110 Old Route 6 Bldg. 3  
Carmel, NY 10512  
(845) 808-1617, x46109  
<http://www.putnamcountyny.gov/consumer-affairs/>

**FOR OFFICE USE ONLY**

License No. \_\_\_\_\_ Account No. \_\_\_\_\_  
Fee Amount: \_\_\_\_\_  Check #: \_\_\_\_\_  
 M.O. #: \_\_\_\_\_ Child Support:  N/A  Y  
W/C: \_\_\_\_\_ Bond Exp. \_\_\_\_\_  
Photo on File:  Y  N  
Notes: \_\_\_\_\_

**RENEWAL APPLICATION FOR LICENSE AS A DEALER OF SECONDHAND PRECIOUS METALS AND GEMS- 2025**

*\*Answers to ALL questions must be printed or typed, accurate and complete*

**Business Type:**  Individual  Partnership  Joint Venture  Corporation  LLC

**Description of Business**

Please provide scope of work: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Check box if same as business address →   
Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Position:  Owner  President  Partner

1. Where should we mail correspondence that relates to your business?

BUSINESS ADDRESS  HOME ADDRESS

2. Does any of the above information indicate any changes since the last application?  YES  NO

If so, list changes: \_\_\_\_\_

*NOTE: If business address has changed please provide Business Certificate or Corporate Receipt indicating change*

3. Have there been any unsatisfied judgments against any individual, partner and/or corporate officer since the last application?

YES  NO

If so, please give details:

DATE:	COURT:	JUDGMENT CREDITOR:	DISPOSITION:

4. Have there been any criminal convictions against any individual, partner and/or corporate officer since the last application?

YES  NO

If so, please give details:

DATE:	COURT:	JUDGMENT CREDITOR:	DISPOSITION:

5. Have you or any individual, partner or corporate officer ever had a professional or vocational license suspended or revoked or have been issued a violation relating to your business practices?

YES  NO

If so, please explain:

**In consideration** of being granted a license to conduct a Secondhand Dealer of Precious Metals and Gems business in Putnam County, it is agreed that the applicant will comply with the rules and regulations of the Putnam County Office of Consumer Affairs. I certify that the information on this application is true and accurate and understand that any incomplete, inaccurate or false information may cause the license to be delayed, denied, suspended or revoked.

**PENALTY FOR FALSIFICATION:** Falsification of any statement made herein is an offense punishable by a fine and/or imprisonment.

**Application must be signed by the highest-ranking official of the business/company requesting licensing.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

Division of Safety and Health  
License and Certificate Unit  
Harriman State Office Campus  
Building 12, Room 161A  
Albany NY 12240  
(518) 457-2735

## WE ARE YOUR DOL



[www.labor.ny.gov](http://www.labor.ny.gov)  
[license&certificate@labor.ny.gov](mailto:license&certificate@labor.ny.gov)

### Appendix to a License/Certificate Application

The child support obligations  
(New York State General Obligations Law Title 5 section 3-503)  
do not apply to corporations.

Complete, sign and date this form if you are applying for a license/certificate or license/certificate renewal.

#### Applicant's Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social Security number: \_\_\_\_\_

The type of license/certificate requested: \_\_\_\_\_

Business: \_\_\_\_\_ Title: \_\_\_\_\_

#### Certification

Are you under an obligation to pay child support? If yes, complete items 1 - 4.  Yes  No

1. I am making payments in accordance with a plan agreed upon by the parties.  Yes  No

2. I am four months or more behind in the payment of child support.  Yes  No

3. My child support obligation is the subject of a pending court proceeding.  Yes  No

4. I am receiving public assistance or supplemental security income.  Yes  No

**If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional and/or driver licenses.**

#### Affirmation

I acknowledge that giving false information is a crime and may result in this license/certificate being revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

