



## Coin Processor Application

Read ALL instructions carefully before completing the application. Incomplete forms will be returned. Any omission, inaccuracy or failure to make full disclosure may be deemed sufficient reason to deny a license or may result in the suspension or revocation of an issued license.

**A COMPLETED APPLICATION MUST INCLUDE:** (Use this checklist to make sure you have included/completed all requirements.)

- The completed, signed application;
- Receipt that provides proof of electronic fingerprinting by an approved vendor;
- \$300 application fee payable to the NYS Department of State. See "Application Requirements -acceptable forms of payment;"
- Attachment A-principal owners and officers;
- Attachment B-branch office addresses;
- Proof of required levels of insurance coverage;

Coin processor licenses are business licenses. Therefore, application must be made by the business entity. The application must be signed by the sole proprietor, if you are applying as an individual; or by an officer of the corporation, partnership, limited liability company if the business is a corporation, partnership, limited liability company, or limited partnership.

### APPLICATION REQUIREMENTS:

#### Types of licenses:

You must indicate on the top of the application form which type of license you are applying for.

**Individual.** You will conduct business solely using your own name and cannot present yourself as being associated with any firm or company.

**Trade Name.** You will conduct business as a sole proprietorship doing business using a name other than your personal name. The trade name ("d/b/a") must be filed in the County Clerk's office of the county in which the business is located.

**Partnership.** All partners in a partnership must be licensed; separate applications must be completed, signed, and submitted by each partner. At least one partner must meet the qualifying experience and examination requirements and be licensed to conduct business under the partnership name. A partnership certificate must be filed in the County Clerk's office of the county in which the business is located.

**Corporation.** All corporate officers (President, Secretary, Treasurer), all holders of 10 percent or more of the stock, and each officer and director working for the corporation within New York State and all other principals must be licensed; separate applications must be completed, signed, and submitted by each such person. At least one corporate officer must be licensed to conduct business under the corporate name and at least one principal must meet the qualifying experience and examination requirements and be licensed.

**Limited Liability Company, Limited Liability Partnership or Limited Partnership.** At least one member or manager of the limited liability company or limited liability partnership must meet the qualifying experience and examination requirements and be licensed to conduct business under the firm's name. Applicants must be a member, manager or partner prior to licensing.

#### Fee and term of licensure:

The nonrefundable fee for a coin processor license is as follows:

- \$300 - Application fee, license is effective for two years;
- \$300 - Renewal fee, every two years.

#### Acceptable forms of payment:

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a Credit Card Authorization form [www.dos.ny.gov/forms/licensing/1450-f-a.pdf](http://www.dos.ny.gov/forms/licensing/1450-f-a.pdf). Do not send cash. Application fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

#### Coin processor duties:

A coin processor is defined in the General Business Law as an individual, partnership, association or corporation that, for another business and for a fee, takes, holds and counts coins and exchanges them for currency or other negotiable instruments.

#### Definition of a principal owner:

A principal owner is any person who owns 10 percent or more of the coin processing business or any person who owns a controlling interest of 10 percent or more in a company that owns a controlling interest of 10 percent or more in a coin processing business. Effective January 1, 1999 all business entities that provide coin processing services must be licensed by the Department of State.

#### Exclusions from General Business Law, Article 27a:

Explicitly excluded from licensure are entities regulated by the Banking Law, food processing establishments which provide coin counting machines for customers, and armored car carriers.

#### Insurance Requirements:

Coin processing applicants must:

- provide proof of "all risk insurance coverage" in the minimum amount of \$10 million; additional amounts to cover the value of coins consigned to such coin processor for counting; and
- maintain comprehensive general liability insurance coverage for death, personal injury and property damage in the minimum amount of \$500,000 per occurrence and \$1 million in the aggregate.

#### FINGERPRINT REQUIREMENTS:

Applicants have access to electronic fingerprinting through IDentoGo by IDEMIA.

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## Electronic Fingerprinting Procedure:

Applicants must schedule appointments with Identogo by IDEMIA. To schedule an appointment at a location near you, visit their website at [www.identogo.com](http://www.identogo.com) or call 877-472-6915. For scheduling purposes, you must utilize the required Service Code 1545N3. *Failure to use the correct license type or Service Code may result in the need to be reprinted.*

*What to bring to Appointment:* Approved and acceptable form of identification (for a list, please visit [www.dos.ny.gov/licensing/fingerprinting.html](http://www.dos.ny.gov/licensing/fingerprinting.html)), along with an acceptable form of payment.

*Proof of electronic fingerprint completion:* Upon completion of the fingerprint process, the vendor will provide you with two receipts as proof of fingerprint completion. Include one receipt with the completed application. The second copy of the receipt should be retained by your employer.

**PLEASE NOTE:** Fingerprint receipts are valid for 5 months from the date of fingerprinting. Please submit original application within 5 months from the date of fingerprinting. Failure to submit your application within this time period will require you to complete the fingerprinting process again.

## Fingerprint fees:

All fees for fingerprinting (including electronic and rolled fingerprint card methods) are payable to Identogo by IDEMIA.

- Division of Criminal Justice Services (DCJS) fee: \$75.00
- Applicable Fingerprint Vendor fee (Subject to change in January and July of each year)  
See "e-Fingerprinting" link on top right at [www.dos.ny.gov/licensing](http://www.dos.ny.gov/licensing).

## Acceptable forms of payment:

Payment for fingerprint fees must be made in the form of check, money order or credit card payable to Identogo by IDEMIA.

**Note:** *fingerprint fees are in addition to application fees.*

## ADDITIONAL REQUIREMENTS:

### Child Support Statement section of the application

The Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a Class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

### PRIVACY NOTIFICATION

#### Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

## WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at [www.elections.ny.gov/votingregister.html](http://www.elections.ny.gov/votingregister.html) or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit [www.ny.gov/services/register-vote](http://www.ny.gov/services/register-vote).

**FOR OFFICE USE ONLY**

LICENSE NUMBER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ CASH NUMBER: \_\_\_\_\_ FEE: **\$300**



# Division of Licensing Services

New York State  
**Department of State**  
**Division of Licensing Services**  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Coin Processor Application

**INSTRUCTIONS:** Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 1 and 2 for further instructions on completing this form.

### APPLICANT INFORMATION

**I AM APPLYING FOR A LICENSE AS**  Individual  Partnership  Trade Name  Corporation  Limited Liability Company  
(Check only ONE):  Limited Liability Partnership  Limited Partnership

BUSINESS NAME \_\_\_\_\_

**PRINCIPAL OFFICE ADDRESS (New York Business Address)**  
STREET ADDRESS (Required) \_\_\_\_\_ APT/UNIT/PO BOX \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

DAYTIME TELEPHONE NUMBER (Include Area Code) \_\_\_\_\_ DATE OF INCORPORATION \_\_\_\_\_ FEDERAL ID NUMBER (See Privacy Notification) \_\_\_\_\_

EMAIL ADDRESS (if any) \_\_\_\_\_

- 1. I have attached proof of "all risk insurance coverage" in the minimum amount of \$10 million (*Copies are acceptable*)  YES  NO
- 2. I have attached a certification of insurance, evidencing comprehensive general liability insurance coverage for death, personal injury and property damage in the minimum amount of \$500,000 per occurrence and \$1 million in the aggregate.  YES  NO

### CHILD SUPPORT STATEMENT (Sole Proprietors Only)

**By signing this application**, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

### APPLICANT AFFIRMATION (All Applicants)

I affirm that I have read and understand the provisions of Article 27-A of the General Business Law and the rules and regulations promulgated thereunder. I further affirm that Workers' Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

**X** \_\_\_\_\_  
Applicant's Signature Date

Print Name: \_\_\_\_\_

**REMINDER:** Please be sure to include attachments A and B, proof of insurance and all fees.



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## Coin Processor Application

### A Primary Owners and/or Officers

Please photocopy this page as many times as needed to allow entry of all primary owners and officers.

APPLICANT NAME (Enter the Business Name Exactly as shown on Application Page 3)

**OWNER / OFFICER NAME**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ SUFFIX \_\_\_\_\_

POSITION / TITLE \_\_\_\_\_ CHECK ONE:  
 Officer  Primary Owner  Both

SOCIAL SECURITY NUMBER \_\_\_\_\_

RESIDENCE STREET ADDRESS \_\_\_\_\_ APT/UNIT NUMBER \_\_\_\_\_ PO BOX NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

1. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony?  YES  NO  
 →IF "YES", you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g. indictment, criminal disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.
2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?  YES  NO  
 →IF "YES", you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
3. Has any license, permit, commission, registration or application for a license, permit, commission or registration held by or submitted by you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied by an state, territory or governmental jurisdiction or foreign country for any reason?  YES  NO  
 →IF "YES", you must submit all relevant documents, including the agency determination, if any.

**OWNER / OFFICER NAME**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ SUFFIX \_\_\_\_\_

POSITION / TITLE \_\_\_\_\_ CHECK ONE:  
 Officer  Primary Owner  Both

SOCIAL SECURITY NUMBER \_\_\_\_\_

RESIDENCE STREET ADDRESS \_\_\_\_\_ APT/UNIT NUMBER \_\_\_\_\_ PO BOX NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

1. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony?  YES  NO  
 →IF "YES", you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g. indictment, criminal disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.
2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?  YES  NO  
 →IF "YES", you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
3. Has any license, permit, commission, registration or application for a license, permit, commission or registration held by or submitted by you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied by an state, territory or governmental jurisdiction or foreign country for any reason?  YES  NO  
 →IF "YES", you must submit all relevant documents, including the agency determination, if any.



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### B Addresses of Branch Offices

#### BRANCH INFORMATION

**APPLICANT NAME** (Enter the Business Name exactly as shown on Application Page 3)

<b>BRANCH OFFICE ADDRESS</b>	STREET ADDRESS (Required)	APT/UNIT NUMBER	COUNTY
	CITY	STATE	ZIP+4

<b>BRANCH OFFICE ADDRESS</b>	STREET ADDRESS (Required)	APT/UNIT NUMBER	COUNTY
	CITY	STATE	ZIP+4

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	CITY	STATE	ZIP+4

<b>BRANCH OFFICE ADDRESS</b>	STREET ADDRESS (Required)	APT/UNIT NUMBER	COUNTY
	CITY	STATE	ZIP+4



# Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at [www.donatelife.ny.gov/register](http://www.donatelife.ny.gov/register) or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – [Registry@donatelife.ny.gov](mailto:Registry@donatelife.ny.gov) or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (\*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



\*Last name \_\_\_\_\_

\*First name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

\*Address \_\_\_\_\_

\*Apt. Number \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*City \_\_\_\_\_

\*Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender  M  F  
MM DD YYYY

Email address \_\_\_\_\_

DMV or IDNYC Number \_\_\_\_\_

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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\*Sign

\*Date