

Village of Spring Valley

Noramie F. Jasmin
Mayor

Joseph A. Desmaret
Deputy Mayor
Joseph Gross
Trustee
Anthony Leon
Trustee
Demeza Delhomme
Trustee

TO: Pawnbroker or Collateral Loan Broker
FROM: Sherry M. Scott, Village Clerk
RE: Application for Pawnbroker or Collateral Loan Broker Application

BEFORE A LICENSE WILL BE ISSUED, YOU MUST DO OR PROVIDE THE FOLLOWING:

1. Provide a true copy of your "Collateral Loan Brokers Registration Statement" filed with the State Comptroller as required by Section 53 of the General Business Law.
2. Obtain a Good Conduct Certificate from the Chief of Police of the Village of Spring Valley.
3. File with the Village a \$10,000.00 bond executed by you and by two sureties conditioned for the faithful performance of the duties and obligations pertaining to your business as required by Section 41 of the General Business Law.
4. Provide proof satisfactory to the Mayor that you have completed at least 12 hours of continuing education instruction offered in a course or program approved by the Mayor or a trade association representing loan brokers. See General Business Law section 41-a.
5. If you have not completed the continuing education instruction set forth above, you may obtain a license but you are hereby advised that our license will not be renewed unless within two years from the date the license is issued, you have fulfilled these requirements.
6. If you have more than three employees, your designated manager must in every two year period complete 8 hours of instruction for managers in a course or program approved by the Mayor or by one or more trade associations representing loan brokers.
7. You are further advised that you are required to comply with all requirements of Article 178 of the Village Code and Article 5 of the General Business Law of the State of New York.
8. **The fee for this license is \$200.00. Non-refundable Money Order or Bank Check.**

VILLAGE OF SPRING VALLEY
200 NORTH MAIN STREET
SPRING VALLEY, NEW YORK 10977

PAWNBROKER OR COLLATERAL LOAN BROKER APPLICATION

Effective: **January 1- December 31**
Fee: **\$200.00 – Non-refundable Money Order or Bank Check**

Name of Applicant: (First)_____ (Last)_____

Home Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Cell Phone No. _____

E-Mail Address of Applicant _____

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Business Telephone # _____

How many employees do you have? _____

If you have more than three employees, set forth the name and address of your Manager.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone or Cell Phone # of Manager _____