



# CITY OF YONKERS DEBT COLLECTION LICENSE APPLICATION

20 South Broadway, 10th Floor • Yonkers, NY 10701  
914-377-6808 • Email: [ConsumerHelp@YonkersNY.gov](mailto:ConsumerHelp@YonkersNY.gov)

## APPLICATION REQUIREMENTS

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.

1. Application signed by the applicant before a Notary Public.  
Applicant must be an owner, partner or officer of the business.
2. Certificate of Incorporation, Business Certificate or Letter of Good Standing from the State in which the business is located.
3. Valid, State-issued Identification (state-issued driver's license or non-driver ID card).

## LICENSE FEE, TERMS AND EXPIRATION DATE

1. \$300.00 License Fee; NON-REFUNDABLE.  
Payable to the City of Yonkers; *Certified Business Check OR Money Order*
2. Non-Yonkers Resident Applicants must list Name and Address of a Registered Agent within Yonkers upon whom process or other notification may be served.  
*If none is listed, the Director of the Consumer Protection Bureau will be automatically be designated as such.*
3. License Expires One Year following date of Issuance.  
*Any change of address, business name or applicant must be reported to department immediately.*

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 Corporation OR Registered DBA :                                                                                                                                                                                                                                                                                                        |  |                          |               |
| DBA/Trade or Display Name:                                                                                                                                                                                                                                                                                                                     |  |                          |               |
| Business Address:                                                                                                                                                                                                                                                                                                                              |  |                          |               |
| City:                                                                                                                                                                                                                                                                                                                                          |  | State:                   | Zip Code:     |
| Business Phone #: (     )     -                                                                                                                                                                                                                                                                                                                |  | Your Title with Company: |               |
| <b>PROCESSING AGENT WITHIN THE CITY OF YONKERS (if applicable):</b><br>Director of Consumer Protection Bureau will be designated if left blank.                                                                                                                                                                                                |  |                          |               |
| Name:                                                                                                                                                                                                                                                                                                                                          |  |                          |               |
| Address:                                                                                                                                                                                                                                                                                                                                       |  | Yonkers, NY              | Zip Code:     |
| Phone/cell #: (     )     -                                                                                                                                                                                                                                                                                                                    |  | Email:                   |               |
| <p>I, _____ being duly sworn,<br/>deposes and says that all of the answers in the foregoing application are true. I give my consent<br/>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<br/>This ____ day of _____, 20__.</p> |  |                          |               |
| Signature of Applicant                                                                                                                                                                                                                                                                                                                         |  | Date                     | Notary Public |

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# CITY OF YONKERS 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: |        |      |
| 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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PLEASE RETAIN FOR YOUR RECORDS

## **Chapter 31. Consumer Protection Code Article XVIII. Debt Collection Agencies**

### **31-162. REQUIRED COLLECTION PRACTICES.**

In addition to any practices required under any federal, state or local law, a debt collection agency shall:

- A. In any permitted communication with the consumer, provide:
  - 1. A callback number to a phone that is answered by a natural person.
  - 2. The name of the agency.
  - 3. The originating creditor of the debt.
  - 4. The name of the person to call back; and
  - 5. The amount of the debt at the time of the communication.
- B. Confirm, in writing, to the consumer, within five business days, any debt payment schedule or settlement agreement reached regarding the debt.

### **31-162.1 PROHIBITED COLLECTION PRACTICES.**

In addition to any practices prohibited under any federal, state or local law, a debt collection agency shall not:

- A. Attempt to collect or contact a consumer regarding debt after such consumer requests verification for such debt until such agency furnishes such consumer written documentation identifying the creditor who originated the debt and itemizing the principal balance of the debt that remains or is alleged to remain due and all other charges that are due or alleged to be due;
- B. Contact a consumer about or seek to collect a debt on which the statute of limitations for initiating legal action has expired unless such agency first provides the consumer such information about the consumer's legal rights as the Commissioner prescribes by rule.