

DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH

Division of Weights & Measures 98 Peach Road Poughkeepsie, New York 12601

Tel: (845) 486-2949 Fax: (845) 486-2947 A.K. Vaidian, MD, MPH Commissioner

Sandra L. Winder Director

Application Form Local Agent for Secondhand Dealers License

_____, maintain residence or place of business at

Dutches	ss County Agent			
Address:				_
T. 1 . 7.				_
Telephone/Home:	()			
Telephone/Cell: Mailing Address:				
(if different)				_
(II different)				_
in Dutchess County	, New York, will	act as local Licensee fo	r the service of process	in accordance with
Dutchess County I	ocal Law 5 of 20	18, Secondhand Dealer	s for license holder:	
Name of Licensee:				
	vice of process or	any other papers pertai f any changes in the info	_	
ACKNOWLEDGI	EMENT			
State of New York				
County of Dutches	•			
On thisd		, 20,		
in above who ever				same person described me that he executed the
same.	uted the foregon	ng mstrument, and ne	duly acknowledged to	me that he executed the
Notary Public, Sta	te of New York			