



**Department of Consumer Protection  
Bureau of Weights and Measures  
City Hall - Roosevelt Square  
Mount Vernon, New York 10550**

**SHAWYN PATTERSON-HOWARD**  
**Mayor**

**Michael Paulercio**  
**Director**

**Item Pricing Waiver Application**

STORE NAME AND NUMBER \_\_\_\_\_

STORE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ RETAIL SQUARE FOOTAGE \_\_\_\_\_

STORE CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CORPORATE NAME \_\_\_\_\_

CORPORATE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CORPORATE CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Store's Square Footage of Retail Area	Waiver Fee
Under 3,000 square feet	\$750.00
Between 3,001 and 10,000 square feet	\$1,500.00
Between 10,001 and 30,000 square feet	\$4,000.00
Between 30,001 and 90,000 square feet	\$7,000.00
Over 90,001 square feet	\$17,500.00

**Please make check payable to "City of Mount Vernon"**

Upon acceptance of this application and fee, the Department of Consumer Protection shall conduct inspections in accordance with Mt. Vernon City Code 156-10. Once a waiver is granted, failure to comply with the provisions of Mt. Vernon City Code 156-10 may cause a waiver to be revoked for a period of one year.

I acknowledge that, on behalf of this store, I have received a copy of the Item Pricing Law, including the applicable requirements to maintain eligibility for the Waiver from Item Pricing. I declare that the Retail Square Footage as stated above is accurate.

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

Print Name and Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mail to: City of Mount Vernon, Office of Consumer Protection  
One Roosevelt Square, Mt. Vernon, NY 10550

----- FOR OFFICE USE ONLY -----

Fee Amount: \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Waiver # \_\_\_\_\_ Date of Inspection \_\_\_\_\_