County of St. Lawrence
DEPARTMENT OF CONSUMER AFFAIRS/WEIGHTS MEASURES
44 Park St./Canton, NY 13617/315-379-9734

APPLICATION FOR ITEM PRICING WAIVER

All information must be printed/typed

Store Name	Store #
Address	
City/State	Zip Code
Phone Number	
Store Manager	

If store is part of a chain,
the following information must be provided.

Parent Company	
Address	
City/State	Zip Code
Representative	
Phone Number	

Pricing information is input:(Check one or more)

☐ at store level

☐ other (explain below)

Does your store have a hand-held scanning unit, verifiably interfaced with point of sale scanners available to assist in the required inspections?

☐ Yes ☐ No

By applying for this Item-Pricing Waiver, the applicant acknowledges that he/she has read and fully understands the provisions of Local Law 6 for the Year 1998 and specifically, if granted, the applicant agrees to:

1. Display easy to read and properly located shelf tags or signs on all stock keeping units.
2. Achieve and maintain a pricing accuracy level of 98%.
3. Designate and make available a price check scanner to enable consumers to confirm the price of a stock keeping unit. This scanner shall be maintained available in a convenient location with a sign stating "Customer Price Check Scanner" in letters not less than six (6) inches high.
4. Display a sign in a conspicuous location, the granting of a waiver from item pricing, stating the expiration date, obligations of the store and consumer rights under this Local Law. Such sign or signs shall be approved by the Director of St. Lawrence County Department of Weights and Measures (posted near the main entrance).
5. Make restitution to any person who sustains financial loss due to pricing errors or overcharge, as explained in Local Law 6, Section 7G.
6. All other conditions set forth in Local Law No. 6, Section 7.

A $750 non-refundable application fee accompanies this application, payable to the "St. Lawrence Co. Treasurer".

Signature of Authorized Representative _____ Name Printed _____

Title _____ Date _____