



COUNTY OF ERIE
Bureau of Weights and Measures
 2380 Clinton Street, Cheektowaga, New York 14227
 Phone : (716) 825-1310 Fax: (716) 823-7686

APPLICATION FOR WAIVER FROM ITEM PRICING

All information must be printed/typed

Store Name	How is price information input: (Check one or more)	
Address	<input type="checkbox"/>	at store level
Phone Number	<input type="checkbox"/>	other (explain below)
Store Manager		
If store is part of a chain, the following information must be provided		
Parent Company		
Address		
Representative		
Phone Number	<input type="checkbox"/>	Fax Number
E-mail Address		

By applying for this Item Pricing Waiver, the Applicant acknowledges that they have read and fully understand the provisions of Local Law 7 (1997). Specifically, if a waiver is granted, the Applicant agrees to the following:

- i. The store shall designate and make available a price check scanner to enable consumers to confirm the price of an SKI. This price check scanner shall be in a location convenient to consumers with a sign of sufficient sized lettering identifying this unit to consumers;
- ii. The store shall not charge any consumer a price for any SKI which exceeds the item, shelf, sale, or advertised price for that SKI, whichever is least;
- iii. The store shall cause to be posted in a conspicuous location(s), accessible by all consumers and approved by the director, the consumer rights posters. The store is also required to post their temporary or annual waiver in the area designated for handling price discrepancies;
- iv. The store shall make payment to the consumers who have been overcharged as provided in section eleven of this local law. Each store is required to designate at least one individual who is authorized to issue these payments during **all of the store's operating hours**, and;
- v. The store must correct all pricing errors identified by the consumers at store level within three hours and, if applicable, at their firm, partnership, corporation, or association within twenty-four hours.

A \$500.00 non-refundable application fee must accompany this application.

Signature of Authorized Representative

Name Printed

Title

Date