Business Integrity Commission

CLASS B

PHOTO IDENTIFICATION APPLICATION

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

APPLICATION #: _____ **DATE RECEIVED:** _____

ACCESS CARD CONTROL #:_____ **RECEIVED BY:** _____

*1. Name of the applicant (first, middle, and last), include maiden name where applicable:

_____

*2. List all aliases and/or other legal names: _____

*3. Home Address:_____

_____

*4. Date of Birth: _____ *5. Social Security Number: _____

*6. Home telephone number(s): _____ *7. Cellular Number: _____

*8. E-mail Address: _____

*9. Name of the applicant's employer:

_____

10. Position with the employer:

_____

Since (date)

11. **MARITAL INFORMATION**

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Spouse's Full Name (first, middle, last, including maiden name):

_____

*** (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within thirty (30) calendar days thereof**

Tax ID or SSN: _____

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12. **RESIDENCES**. List all residences that you have lived in during the last five (5) years.

Dates (From Mo/Yr to Mo/Yr)	Address

13. **EMPLOYMENT.**

a. Beginning with your current employment, list your work for the last five (5) years.

Date (From Mo/Yr to Mo/Yr)	Name, Address & Telephone Number of Employer	Title/Position Held	Name of Supervisor	Reason for Leaving

b. If you have ever worked for a wholesale market business not indicated in 13(a) in the past ten (10) years, please list the years and businesses:

Date (From Mo/Yr to Mo/Yr)	Name, Address & Telephone Number of Employer	Title/Position Held	Name of Supervisor	Reason for Leaving

14. Have you ever been fired, asked to resign, or terminated for cause by an employer? ____ Yes ____ No

*15. Have you ever applied to a governmental agency for any license, registration, permit, or certificate requiring approval by the agency (including driver's license)? ____ Yes ____ No

If "Yes," provide the following information.

Type of License, Registration, Permit or Certificate Applied and Date Applied	**Name of Agency**	**Disposition of Application (Approved, Denied, Revoked, Suspended)**	**Status (Current, Expired, Revoked, Suspended**

*16. Do(es) your spouse, child(ren), grandchild(ren), or parent(s) have any ownership interest or financial investment in any wholesale business, market business, seafood delivery business, wholesale seafood business, or loading or unloading business which has applied to, or has been registered by, the New York City Business Integrity Commission and/or previously by the New York City Department of Business Services? ____ Yes ____ No

If "Yes," provide the following information.

Name of Person	**Name and Address of Business**	**Nature and Amount of Investment or Interest**	**Percentage of Ownership in Business**	**Date of Ownership**

*17. Have you ever knowingly associated with (a) a felon, (b) a person who has or is reputed to have ties to organized crime? ____ Yes ____ No

If "yes," explain:

_____

_____

_____

_____

Tax ID or SSN: _____

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CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY

*18. During the past ten (10) years, have you ever:

a. been the subject, party, or target of any criminal or civil investigation by a federal, state or local prosecutorial agency, investigative agency, regulatory agency, or committee?
____ Yes ____ No

b. received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body?
____ Yes ____ No

c. received a subpoena requiring the production of documents in connection with a federal, state or local investigation?
____ Yes ____ No

*****19. Have you ever been convicted of any misdemeanor or felony in any jurisdiction? ____ Yes ____ No

*****20. Are there any misdemeanor or felony charges pending against you in any jurisdiction? ____ Yes ____ No

*****21. Are there any civil lawsuits pending against you in any jurisdiction? ____ Yes ____ No

*****22. Are there any other charges, including, but not limited to, administrative charges by municipal, state or federal agencies, such, but not limited to, the Department of Health, Department of Environmental Protection, Environmental Protection Agency, Department of Labor, or Occupational Safety and Health Administration, presently pending against you? ____ Yes ____ No

If you answered "Yes" to any of the questions 18 (a-c) to 22, provide details below. Include dates, charges, status and Court information. Please specify to which of the questions the information pertains.
**Please attach relevant documents and/or additional papers if there is not enough room below.*

_____

_____

_____

_____

_____

_____

CERTIFICATION

This certification must be completed by the applicant before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A CLASS A OR CLASS B PHOTO IDENTIFICATION, THEREBY PRECLUDING THE APPLICANT FROM EMPLOYMENT IN THE CITY'S PUBLIC WHOLESALE MARKETS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I,_____, being duly sworn, state: that
(Applicant Name)

I have read and understood the questions contained in the attached application and its attachments, which consists of pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a Class A or Class B Photo Identification to work in the City's public wholesale markets.

_____
(Signature of Applicant)

Sworn to before me

this _____ day of _____, 20_____

_____

Notary Public

REV. 12/13

Tax ID or SSN: _____

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