



THE CITY OF NEW YORK
BUSINESS INTEGRITY COMMISSION
100 CHURCH STREET, 20TH FLOOR
NEW YORK, NEW YORK 10007

**LABOR UNION/LABOR ORGANIZATION
REGISTRATION APPLICATION**

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

APPLICATION #: _____ DATE RECEIVED: _____

RECEIVED BY: _____

*1. Name of the applicant labor union or labor organization or local number:

*2. Main Office: _____

*3. Mailing Address: _____

*4. Business telephone number(s): _____ Fax Number: _____

*5. E-Mail Address: _____ Website, if any: _____

6. Affiliated national or international union's business name, address, and telephone number:

Name: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

*7. Agent for Service of Process in **New York City**. State the name, address, and telephone number of the person of suitable age and discretion who shall be designated as Applicant's agency for service of process in New York City.

Name: _____

Address: _____

Telephone No.: _____ Fax Number: _____

* **(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: _____

Page _____ of Pages _____

8. Attach to this application a copy of the applicant labor union or labor organization’s LM2 filings with the U.S. Department of Labor for the past 3 years.

*9. Does the applicant share office space, staff or equipment (including but not limited to telephone lines) with any other business or organization?
 _____ Yes _____ No

If “Yes,” provide details below:

*10. On Schedule A below, identify all current officers. For each individual, provide the following information.

SCHEDULE A – CURRENT OFFICERS OF THE APPLICANT

	Current Officer #1	Current Officer #2
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name, Address and Telephone Number		
Position or Title		
From (date) to (date)		

Tax ID or SSN: _____

10. SCHEDULE A (cont.) – CURRENT OFFICERS OF THE APPLICANT

	Current Officer #3	Current Officer #4
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name, Address and Telephone Number		
Position or Title		
From (date) to (date)		

	Current Officer #5	Current Officer #6
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name, Address and Telephone Number		
Position or Title		
From (date) to (date)		

Tax ID or SSN: _____

11. On Schedule B below, identify all individuals who had been officers of the applicant labor union or labor organization at any point during the past ten (10) years. For each individual, provide the following information.

SCHEDULE B – PAST OFFICERS OF THE APPLICANT

	Past Officer #1	Past Officer #2
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		
	Past Officer #3	Past Officer #4
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		

Tax ID or SSN: _____

*12. On Schedule C below, identify all current business agent of the labor union or organization. For each individual, provide the following information.

SCHEDULE C – CURRENT BUSINESS AGENT OF THE APPLICANT

	Business Agent #1	Business Agent #2
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name, Address and Telephone Number		
Position or Title		
From (date) to (date)		
	Business Agent #3	Business Agent #4
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name, Address and Telephone Number		
Position or Title		
From (date) to (date)		

Tax ID or SSN: _____

13. On Schedule D below, identify all individuals who had been business agents of the applicant labor union or labor organization at any point during the past ten (10) years. For each individual, provide the following information.

SCHEDULE D – PAST BUSINESS AGENT OF THE APPLICANT

	Past Business Agent #1	Past Business Agent #2
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		
	Past Business Agent #3	Past Business Agent #4
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		

Tax ID or SSN: _____

14. On Schedule E below, identify all individuals who are or have been members of the Executive Board of the applicant labor union or labor organization at any point during the past ten (10) years. For each individual, provide the following information.

SCHEDULE E – CURRENT AND PAST EXECUTIVE BOARD MEMBERS

	Executive Board Member #1	Executive Board Member #2
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		
	Executive Board Member #3	Executive Board Member #4
Name (first, middle and last) Also include maiden name where applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		

Tax ID or SSN: _____

14. SCHEDULE E (cont.) – CURRENT AND PAST EXECUTIVE BOARD MEMBERS

	Executive Board Member #5	Executive Board Member #6
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		
	Executive Board Member #7	Executive Board Member #8
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held in Labor Union		
From (date) to (date)		
Reason for Leaving		

Tax ID or SSN: _____

15. How many employees at the New Fulton Fish Market at Hunts Point does the applicant currently represent?

16. How many employees at the Hunts Point Cooperative Market (Hunts Point Meat Market) does the applicant currently represent? _____

17. How many employees at the New York City Terminal Market (Hunts Point Produce Market) does the applicant currently represent? _____

*18. On Schedule F below, identify the current employees of the applicant labor union or labor organization and provide the following information.

SCHEDULE F – LIST OF EMPLOYEES

	Employee #1	Employee #2
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Title or Position and Brief Description of Duties		
Hours Worked Per Week		
Employment Start Date		
Salary		
Does employee or any of his or her relatives any ownership or control over any businesses operating in the public wholesale market? If so, identify the business.		

Tax ID or SSN: _____

18. SCHEDULE F (cont.) – LIST OF EMPLOYEES

	Employee #3	Employee #4
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Title or Position and Brief Description of Duties		
Hours Worked Per Week		
Employment Start Date		
Salary		
Does employee or any of his or her relatives any ownership or control over any businesses operating in the public wholesale market? If so, identify the business.		

19. During the past five (5) years, has the applicant labor union or labor organization or any past officer, including past business agent or Executive Board member, been convicted of any misdemeanor or felony in any jurisdiction?
 _____ Yes _____ No

If "Yes," provide the details below.

Name	Date of Arrest	Date of Conviction	Indictment No.	Charges and Sentence	Court and Jurisdiction

Tax ID or SSN: _____

*20. Are there any misdemeanor or felony charges pending against the applicant labor union or labor organization or any past officer, including past business agent and Executive Board member, in any jurisdiction?
 _____ Yes _____ No

If "Yes," provide the details below.

Name	Date of Arrest	Indictment No.	Charge	Status	Court and Jurisdiction

*21. Are there any civil actions pending against the applicant labor union or labor organization or any past officer, including business agent or Executive Board member, in any jurisdiction?
 _____ Yes _____ No

If "Yes," provide the details below.

Name	Docket or Case No. and Date	Charge	Status	Court and Jurisdiction

22. During the past five (5) years, has the applicant or any past officer, including past business agent and Executive Board member, ever been:

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

If you answered "Yes" to any of the questions 22 (a)-(c) above, provide the following details.

Name	Name and Address of Court or Agency	Nature of Proceedings or Investigation	Name and Position of Person Who Provided Testimony	Date on Which Testimony was Given	Date of Investigation

23. During the past five (5) years has the applicant or any past officer, including past business agent and Executive Board member:

a. been cited for contempt of any court, grand jury, or legislative, civil, criminal or administrative body?
 Yes No

b. entered a plea of nolo contendere, judicial consent decree, administrative order on consent or similar agreement, or been the subject of a default decree?
 Yes No

c. been subject to an injunction in any judicial action or proceeding ?
 Yes No

d. been granted immunity from prosecution for any conduct constituting a crime under state for federal law?
 Yes No

e. refused to testify or answer any question in any criminal, civil or administrative proceeding?
 Yes No

f. been the subject of administrative charges for which the potential sanction was suspension or revocation of a license, permit or registration or a fine, penalty or settlement of \$5,000 or more?
 Yes No

If you answered "Yes" to any of the questions 23(a)-(f) above, provide the following details.

Name	Name and Address of Court or Agency	Nature of Proceedings or Investigation	Name and Position of Person Who Provided Testimony	Date on Which Testimony was Given	Date of Investigation or Consent Decree

*24. Has the applicant or any past officer, including past business agent and Executive Board member, ever engaged in, or under your supervision, knowingly permitted to occur any of the following:

a. filed with a government agency or submitted to a government employee, in any jurisdiction, any document which you knew contained a false statement or false information?

_____ Yes _____ No

b. falsified the records of any business or enterprise of any kind?

_____ Yes _____ No

c. given, or offered to give, money or any other benefit to a public servant with intent to influence that public servant with respect to any of his or her official acts, duties or decisions?

_____ Yes _____ No

d. given, or offered to give, money or other benefit to an official or employee of a private business with intent to induce that official or employee to engage in unethical or illegal business practices?

_____ Yes _____ No

If you answered "Yes" to any of the questions 24(a)-(d) above, provide the following details.

Name of the Agency Involved	Name of the Public Official Involved	Date of Occurrence	Amount of Money Involved	Document Involved

*25. Has the applicant labor union or labor organization or any past officer, including past business agent and Executive Board member, ever been subject to any investigation by a municipal, state or federal agency of any alleged violation of civil law involving racketeering or the potential forfeiture of any asset?

_____ Yes _____ No

If you answered "Yes," provide the following details.

Name	Agency or Court	Nature of Investigation or Charges	Indictment, Docket, or Index No.	Status

*26. During the past five (5) years, has the applicant labor union or labor organization or any past officer, including past business agent and Executive Board member, been subject to the appointment of an independent auditor, monitor, receiver or trustee?

_____ Yes _____ No

If "Yes," provide the information below.

Name	Name and Address of Auditor, Monitor, Receiver or Trustee	Nature of Audit, Monitorship, Receivership or Trusteeship	Dates of Audit, Monitorship, Receivership or Trusteeship

CERTIFICATION

This certification must be completed by the applicant and all of its current officers before a notary public.

ANY MATERIAL FALSE STATEMENT MADE IN CONNECTION WITH THIS APPLICATION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

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

_____ of _____; and
(Title/Position) (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 labor union or labor organization registration to operate in the City's public wholesale markets.

(Signature of Applicant)

By: _____
(state title)

Sworn to before me

this _____ day of _____, 20____

Notary Public

RELEASE AUTHORIZATION FOR APPLICANT

I, _____, am the _____ of _____
(Print Name) (Title/Position)
_____ (the "Applicant"); I am over the

age of 21 and I have the authority to execute this release on behalf of the applicant.

The applicant has authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into its background and the background of its principals, affiliates, agents and employees for the purpose of determining whether the applicant meets the registration standards set forth in Local Law 28 of 1997 and Local Law 50 of 1997 of the City of New York.

The applicant hereby authorizes any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant and/or its principals, affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

The applicant hereby authorizes the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or fax of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, the applicant hereby waives the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

The applicant, in addition, hereby waives all liability as to the City of New York, the Commission, and its instrumentalities and agents for any and all damages that might arise in connection with the investigation of the applicant or from the release of any information resulting from such investigation, other than a willful, unlawful disclosure or publication.

NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION: The applicant hereby waives any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification

Sworn to before me

(Signature of Applicant)

This _____ day of _____, 20 ____

By: _____
(state title)

Notary Public

Tax ID or SSN: _____