



**LABOR UNION/LABOR ORGANIZATION OFFICER  
REGISTRATION DISCLOSURE**

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

APPLICATION #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

\*1. Name of the officer (first, middle, and last):  
\_\_\_\_\_

\*2. List all aliases, nicknames, maiden name, or any other name(s) or name changes, legal or otherwise.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*3. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Since (date)

\*4. Date of Birth: \_\_\_\_\_ \*5. Social Security Number: \_\_\_\_\_

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

8. Pager No. \_\_\_\_\_ 9. Home Fax No. \_\_\_\_\_

\*10. E-mail Address: \_\_\_\_\_

11. Name of applicant's labor union or labor organization or local:  
\_\_\_\_\_

\*(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. Position with applicant labor union or labor organization or local:

\_\_\_\_\_  
Since (date)

**13. MARITAL INFORMATION**

Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

**A. Current Marriage**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(City, County, State)

Spouse's Full Name (First, Middle, Last, including Maiden Name):  
\_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Spouse's Home Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Spouse's Home Telephone No: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

**B. Previous Marriages**

If you have ever been legally separated, divorced, or had a marriage annulled, indicate below.

Full Name of Former Spouse	Date of Birth of Former Spouse	Date of Marriage	Date of Annulment, Separation, or Divorce	Present Address of Former Spouse

Tax ID or SSN: \_\_\_\_\_







**\*17. LABOR UNION OR LABOR ORGANIZATION OR LOCAL OFFICER POSITIONS.** List all labor union or labor organization or local positions and offices held by you. Begin with the most recent and work backwards.

Dates of Membership (From MM/YR to MM/YR)	Name, Address & Telephone Number of Labor Union or Labor Organization or Local	Title or Position Held and Brief Description of Duties	Dates of Position Held	Reason for Leaving

18. Have you ever applied to a governmental agency for any license, registration, permit, or certificate requiring approval by the agency?  
 \_\_\_\_\_ 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)

Tax ID or SSN: \_\_\_\_\_

\*19. Do you have any ownership interest or financial investment in any wholesale business, market business, seafood delivery business, or wholesale seafood business which is applying 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 and Address of Wholesale Business	Nature and Amount of Your Investment or Interest	Percentage (%) ownership in the wholesale business	Date of ownership

\*20. 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, or wholesale seafood business which is applying 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 ownership in the business	Date of ownership

Tax ID or SSN: \_\_\_\_\_

21. Have you ever been convicted of any misdemeanor or felony in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

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

\*22. Are there any misdemeanor or felony charges pending against you in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

Date of Arrest	Indictment or Index No.	Charges	Status	Court and Jurisdiction

\*23. Are there any civil actions pending against you in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

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

Tax ID or SSN: \_\_\_\_\_

24. During the past five (5) years, have you 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 24(a)-(c) above, provide the following details.

Name and Address of Court or Agency	Nature of Proceedings or Investigation	Was Testimony Given?	Date on Which Testimony was Given	Date of Investigation

25. During the past five (5) years have you:

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, receivership or any form of independent monitoring?  
 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 25(a)-(f) above, provide the following details.

Name and Address of Court or Agency or Name of Monitor	Nature of Proceedings, Investigation, or Monitorship	Was Testimony Given?	Date on Which Testimony was Given	Date of Investigation, Consent Decree of Monitorship

26. Have you 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 illegal business practices?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes" to any of the questions 26(a)-(d) above, provide the following details.

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

27. Have you 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.

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

\*28. Have you ever applied for any pistol or firearm permit, firearm dealer's license, or permit to carry a pistol or firearm in any jurisdiction?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Date of Application	Type of Application	Place Filed	Type of Firearm	Reason for Application	Disposition (If Granted, provide Number)	Reason for Denial (if applicable)	Status of Permit

\*29. Do you possess or own any firearm?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Type of Firearm	Owned Since	Serial Number

\*30. Do you know or have you ever knowingly been associated with, socially or professionally, any person known by you to be convicted of a felony or having ties with organized crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", explain:

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**CERTIFICATION**

**This certification must be completed by the current officer before a notary public.**

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION MAY BE SUFFICIENT CAUSE FOR THE COMMISSION TO DISQUALIFY AN OFFICER OF A LABOR UNION OR LABOR ORGANIZATION FROM HOLDING OFFICE IN THE APPLICATION LABOR UNION OR LABOR ORGANIZATION. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON 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

Tax ID or SSN: \_\_\_\_\_

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**RELEASE AUTHORIZATION FOR APPLICANT**

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_  
(Print Name) (Title/Position)  
\_\_\_\_\_ (the "Applicant"). I am over the age of 21.

I have authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into my background 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.

I hereby authorize 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.

I hereby authorize 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, I hereby waive 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.

I, in addition, hereby waive 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:** I hereby waive 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: \_\_\_\_\_  
(If corporation or partnership, state title)

\_\_\_\_\_  
Notary Public