INSTRUCTIONS

WHOLESALER REGISTRATION APPLICATION

Definitions of terms used in the application are set forth in Title 22, Chapter 1-B of the Administrative Code of the City of New York ("Code") and in Title 66, Subchapter A-1 and D of the Rules of the City of New York. Certain of these definitions have been excerpted and attached as Appendix A to the application. Before completing this application, the applicant and all others required to execute documents hereunder should read and familiarize themselves with Title 22 of the Code and the related rules. These instructions are not a substitute for such a complete review and may not be relied on in lieu of the law and rules. Copies of statute and rules are available at the office of the New York City Business Integrity Commission ("Commission").

Attached is the application for a wholesaler registration. The applicant business and all of its principals must complete each and every question set forth therein. If a question is not applicable, write "not applicable" or "N.A." An application that has not been completed properly may be denied as incomplete and/or on the basis of the Commission's investigation and review of the incomplete application, or the application may be returned to the applicant without being processed. An application returned as incomplete will not be deemed submitted.

DOCUMENTS TO BE SUBMITTED

In addition to the application form, a number of documents must be submitted to the Commission in order for the application to be considered. The applicant must submit the following documents (to the extent applicable), some of which are described in these instructions, some in the body of the application and attachments, and some in the applicable rules. Samples of some of the required documents include but are not limited to the following:

- Wholesaler Registration Application
- Notarized Certifications (on behalf of applicant business and by each principal)
- Notarized Releases (on behalf of applicant business and by each principal)
- Documents related to the organization of the applicant business[1]
- Purchase and Sale Agreements, if applicable
- Documents relating to any forfeiture, receivership or independent monitoring
- Documents relating to contested tax proceeding
- Principal Information Form (for each principal)
- $4,000 Registration Fee (3 year). BIC accepts payment by VISA, MasterCard, Discover and certified checks.

THE APPLICANT MUST SUBMIT AN ORIGINAL PLUS ONE COPY OF THE APPLICATION AND ALL DOCUMENTS.

[1] If a sole proprietorship, a certified copy of the Certificate of Doing Business filed with the County Clerk.

If a partnership, a certified copy of the Certificate of Partnership filed with the County Clerk and a copy of the current partnership agreement.

If a corporation, a certified copy of the Certificate of Incorporation and copies other current bylaws and last annual report, including financial statement.

WHOLESALER REGISTRATION APPLICATION

Each page submitted by the applicant must contain in the lower left hand comer the applicant's social security or tax identification number and each page must be numbered sequentially as "Page __ of __ pages" (e.g., if a twenty-five page application were submitted, the first page would be marked: "Page 1 of 25 pages").

Applicant requiring additional space to complete any answer may attach additional pages to the application. Indicate on the top of each such additional page, the Part and question number to which the additional page relates. The Schedules in the application also may be copied if additional schedule pages are needed. All additional pages and Schedules also must be identified in the lower left-hand corner with the applicant's social security or tax identification number. Each added page must be numbered sequentially like the rest of the application (e.g., "Page of pages").

The applicant is under a continuing obligation to update answers to application questions marked with an asterisk (*). Any change in the answer to such a question, must be provided to the Commission in writing, as specifically set forth in Title 22, Chapters 1-A and 1-B of the Code and the rules promulgated thereunder, or otherwise no later than thirty (30) days after the change occurs. The applicant's continuing obligation begins upon submission of the registration application and extends throughout the processing period and any registration term.

NOTARIZED CERTIFICATIONS

Upon completion of the application and all of its attachments, two documents must be executed by both the applicant business and each principal: a notarized certification form and a notarized release form. Principals of the applicant business must separately provide the Principal Information disclosures as noted below.

PRINCIPAL INFORMATION FORMS FOR INDIVIDUALS

Each principal, as that term is defined, must complete a personal information form. Principals must complete the “Principal Information Form” and the notarized certification attached to the Principal Information Form (in addition to the notarized certification for the license application itself).

THE COMMISSION WILL NOTIFY THE APPLICANT BUSINESS WHEN THE APPLICATION IS APPROVED AND WILL SCHEDULE AN APPOINTMENT FOR A PRINCIPAL OF THE APPLICANT BUSINESS TO APPEAR AT THE OFFICES OF THE COMMISSION TO:

- Sign a Registration Order; and
- Submit proof that the insurance policies
- [2] required in Title 66, Chapter 1, Subchapter A-1, Section 1-19(d) and (e) or Section 1-70 have been secured:
    - Workers' compensation and disability benefits coverage, or proof of exemption
    - Liability insurance against claims for injuries to persons or damage to property consisting of:
        - Commercial General Liability Insurance with liability limits of no less that $1,000,000 combined single limit per occurrence for bodily injury, personal and property damage. The maximum deductible for such insurance shall be no more than $25,000
        - Business Automobile Liability Insurance covering every vehicle operated by the licensee's business, whether or not owned by the licensee, and every vehicle hired by the licensee with liability limits of no less than one million dollars ($1,000,000) combined single limit per accident for bodily injury and property damage.
        - Employers' Liability Insurance with limits of $1,000,000 per accident.

All applications may be submitted in person or mailed to:

NYC Business Integrity Commission
100 Church Street, 20th Floor
New York, 10007

If you have any questions about this application, please call 212-676-6222.

[2] The policy or policies of insurance required by Title 66, Chapter A-1, Section 1-19 or Section 1-70 of the Rules of the City of New York shall name the City of New York and the Business Integrity Commission shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except upon sixty days prior written notice to the Commission. Failure to maintain continuous insurance coverage meeting the requirements of these rules will result in automatic cancellation of the license. Such policy or policies of insurance shall be obtained from a company, or companies, duly authorized to do business in the State of New York with a Best's rating of no less than A:X unless specific approval has been granted by the Mayor's Office of Operations to accept a company with a lower rating. Two certificates of insurance effecting the required coverage and signed by a person authorized by the insurer to bind coverage on its behalf, must be delivered to the Commission prior to the effective date of the license.

Business Integrity Commission

PUBLIC WHOLESALE MARKETS
WHOLESALER REGISTRATION APPLICATION

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

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

RECEIVED BY: _____

PART I – APPLICANT BUSINESS IDENTIFYING INFORMATION

*1. Name of applicant business. Also list trade name and registration application name, if different:

Business Name: _____

Trade Name: _____

*2. Main Office: _____

*3. Mailing Address: _____

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

*5. Cellular Number:_____

*6. Electronic Addresses:

Website: _____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 business' agent for service of process in New York City. **The agent for service of process must be located within the five boroughs of 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 of the material change. However, the Commission shall be notified at least ten (10) business days of the proposed addition of a new principal.**

Tax ID or SSN: _____

Page _____ of _____ Pages

8. **Type of Organization** (check one):

a. _____ Sole Proprietorship (i.e., company is not incorporated and does business under the name of a person having ownership interest or under an assumed name, doing business as name, or trade name). **Attach a certified copy of the Certificate of Doing Business filed with the County Clerk in the county in which the business is located.**

b. _____ Partnership. (Check one). **Attach copy of current partnership agreement and Certificate of Partnership, certified by the County Clerk in the county in which the business is located.**

_____ General Partnership

_____ Limited Partnership (L.P.)

_____ Limited Liability Partnership (L.L.P.)

c. _____ Corporation. **Attach copy of the Certificate of Incorporation filed with the Secretary of State. If the applicant business is not incorporated in New York State, also attach a certified copy of the Authority to Do Business Certificate issued by the New York Secretary of State.**

9. If applicant business is a corporation, provide the tax identification number. Or, if a partnership or sole proprietorship, provide the social security numbers of all principals.

_____

_____

10. **Past Names Used By Applicant Business.** List all names and address which the applicant has done business under, including but not limited to trade names, doing business as (d/b/a), and aliases, and the time periods.

Name and Address	**From (Year)**	**To (Year)**

*11. **Affiliated Companies.** List all affiliates (i.e., parent and subsidiaries) of the applicant business.

Name and Address of Affiliated Company	**Nature of Relationship (parent, subsidiary, partner, etc.)**	**Length of Relationship**

*12. **Current Principals.** On **Schedule A**, identify all individuals who are current principals of applicant business and provide the information requested. **In addition, the Principal Information form must be submitted for each current principal.**

13. **Past Principals.** Identify and provide below information for any person or entity who was a principal of the applicant business at any point during the past (10) ten years.

	Past Principal #1	**Past Principal #2**
Name (first, middle and last) **Also include maiden name where Applicable**		
Home Address (es)		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

13. **Past Principals (cont.)**

	Past Principal #3	**Past Principal #4**
Name (first, middle and last) Also include maiden name where Applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

14. **Beneficial Interest.** Identify below all individuals, not already identified in question 12 or question 13 above, who have or have had beneficial interest[3] in the applicant business at any point during the past 10 years, and disclose the required information.

	Beneficial Holder #1	**Beneficial Holder #2**
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Name of Employer and Address of (if applicable)		
Employer Telephone Number		
If Employed by Applicant, State Job Title and Dates During Which Job Was Held		
Nature and Percentage of Beneficial Interest in Applicant Business		
How Beneficial Interest Was Acquired (i.e. purchase & purchase price, inheritance, etc.)		

[3] As defined in Appendix A to this application.

14. **Beneficial Interest (cont.)**

	Beneficial Holder #3	**Beneficial Holder #4**
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Name of Employer and Address of (if applicable)		
Employer Telephone Number		
If Employed by Applicant, State Job Title and Dates During Which Job Was Held		
Nature and Percentage of Beneficial Interest in Applicant Business		
How Beneficial Interest Was Acquired (i.e. purchase & purchase price, inheritance, etc.)		

15. Has the applicant business acquired another business(es) within the past 10 years?
_____ Yes _____ No

If "yes," provide the information below, and **attach a copy of any purchase and sale agreement**.

	Acquisition #1	**Acquisition #2**	**Acquisition #3**	**Acquisition #4**
Seller's Name and Address				
Date of Purchase				

*16. Does the applicant business share any 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, including what is shared, under what terms, and the name(s) of entity(ies) or individual(s) with whom it is shared.

_____

_____

_____

_____

17. How many individuals (not including principals) does the applicant currently employ? _____

18. Are individuals employed by the applicant (including principals of the applicant) members of a union?
_____ Yes _____ No

If "yes," provide the name(s) of the union(s), including the local(s) if applicable, and the number of employees/principals of the applicant business belong to each union.

Name and Address of Union and Local	**Number of Applicant Business' Employees and Principals Who Are Members**

*19. **Employee Information.** On Schedule B, list the names, resident addresses, phone numbers, dates of birth, social security numbers, positions, work hours per week, and date hired for all employees hired or will be hired by the applicant business.

*20. **Operators of Vehicles.** On Schedule C, list each employee and principal who will operate a vehicle during the conduct of the applicant business, and provide the operator's name, driver's license number(s), class(es) and expiration date.

*21. **Vehicles.** On **Schedule** D, list all vehicles, including but not limited to "hi-los," used during the course of the applicant business, and disclose vehicle identification numbers, registration numbers and license plate numbers for each vehicle. If none, state "none."

*22. Does the applicant business, any of its parents, subsidiaries, or affiliates have any interest in another business(es)?
_____ Yes _____ No

If "yes," provide details below.

Name of Applicant Business, Parent, Subsidiary or Affiliate	**Name and Address of Business**	**Type of Business**	**Nature and Amount of Interest**

*23. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's principals ever been issued a license, permit, registration or authorization to operate from any government agency?
_____ Yes _____ No

Name of Holder	**Type of License, Permit, etc.**	**Term of License, Permit, etc.**	**Date of Issuance**	**Issuing Authority**	**Status (Current, Expired)**

*24. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's principals ever had a license, permit, registration or authority to operate from any government agency denied, suspended or revoked?

_____ Yes _____ No

If "yes," provide the following information.

Name of Holder	**Date of Denial, Suspension or Revocation**	**Agency**	**Reason**

PART II – CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY

25. Has the applicant business or any of its present principals presently or previously held any position(s), office(s), trusteeship(s), directorship(s) or fiduciary position(s) with any other business entity?
_____ Yes _____ No

If "yes," provide details below.
_____

_____

_____

_____

26. Has the applicant business or any of its principals been denied, suspended or removed from any trusteeship or any other fiduciary position?
_____ Yes _____ No

If "yes," provide details below.
_____

_____

_____

_____

27. Has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) been convicted of any misdemeanor or felony in any jurisdiction? Do no include traffic violations.
_____ Yes _____

If "Yes," provide the details below.

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

*28. Are there any misdemeanor or felony charges pending against the applicant business, its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction?
_____ Yes _____ No

If "Yes," provide the details below.

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

*29. Are there any civil actions brought by a government agency pending against the applicant business, its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction?
_____ Yes _____ No

If "Yes," provide the details below.

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

30. During the past five (5) years, has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction:

a. been the subject, party, or target of any criminal or civil investigation by a prosecutorial agency, governmental agency, court, committee, grand jury or investigative body (municipal, state, county, provincial, federal, etc.)?
_____ 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

d. been called to testify before any agency specified in question 18(a) above?
_____ Yes _____ No

If you answered "yes" to any of the questions 30(a)-(d) 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**

31. During the past five (5) years has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction:

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 31(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**

32. Has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) ever engaged in, or 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

e. given, or offered to give, money or thing of value to a labor official with intent to influence that labor official with respect to any of his or her official acts, duties or decisions as a labor official?
_____ Yes _____ No

f. given any money or thing of value to a labor union or labor official or representative that was not expressly permitted by section (c) of the Taft-Hartley Act, 29 U.S.C. Section 186?

_____ Yes _____ No

If you answered "yes" to any of the questions 32(a)-(f) above, provide the following details.

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

33. Has the applicant business, any current principals, or any past principals (who were principals of the applicant business within the last three (3) years) 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**

*34. Are there any other charges, including, but not limited to, administrative charges by municipal, state or federal agencies, such as the Department of Health, Department of Environmental Protection, Environmental Protection Agency, Department of Labor, or Occupational Safety and Health Administration, presently pending against the applicant business or any current or past principal of the applicant business?
_____ Yes _____ No

If "yes," provide the details below.

Agency or Court	**Nature of the Investigation/Charges**	**Status**

PART III – FINANCIAL INFORMATION

35. **Financial Accounts.** List each financial account, domestic or foreign, used by the applicant business during the past five (5) years, including but not limited to, any right of ownership in, control over or interest in any bank account, safe deposit box, credit union, accounts at brokerage firms or other financial institutions, regardless of whether such account was held in the name of the corporation, a nominee of the corporation or was otherwise under the direct or indirect control of the corporation, and provide the following information.

Type of Account	**Name and Address of Financial Institution**	**Account No.**	**Name & Telephone No. of Account Officer**	**Names and Addresses of All Persons Authorized to Sign on Behalf of Applicant Business**

36. **Real Property.** List below each direct or indirect interest in real property currently held by the applicant business. If none, state "none."

Address	**Person or Entity From Whom Acquired**	**Co-Owners & Addresses**	**Approximate Purchase or Rental Cost**	**Approximate Current Value**

37. **Loans Owed to Applicant Business.** List below all loans made or notes held by applicant business in excess of $5,000 which are currently outstanding. (This refers to monies that are owed to the applicant business). If none, state "none."

Name and Address of Debtor	Original Amount & Date of Loan	Terms of Loan & Security, if any	Approximate Balance Outstanding

38. **Indebtedness.** List below any indebtedness, including, but not limited to, loans, lines of credit, and mortgages on real property (other than primary residence) in excess of $5,000 owed by the applicant business. If none, state "none."

Name and Address of Creditor	Account No.	Amount of Indebtedness	Maturity Date	Terms of Payment	Name and Telephone No. of Loan Officer

39. In the past ten (10) years, has the applicant business, its parents, subsidiaries or affiliated companies or any predecessors of these companies ever been subject to the appointment of an independent auditor, monitor, receiver or trustee or subject to forfeiture?
_____ 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**

40. **Bankruptcy.** Has the applicant business, its parents, subsidiaries, affiliates or any predecessors of these companies had any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law filed by or against it in the last ten (10) years?
_____ Yes _____ No

If "yes," **attach a copy of the petition** and provide the information below:

Name of Petitioner	**Court/ Jurisdiction & Docket No.**	**Date of Filing**	**Status**

41. Have the applicant business and all current principals of the applicant business filed all required tax returns (including, but not limited to, income, business, unincorporated business, sales, commercial rent, property taxes on New York City realty, and unemployment insurance returns) for each of the past three (3) years by the due date or within a properly obtained extension period?
_____ Yes _____ No

If "no," provide the following information:

a. The year(s) in which the applicant business or principal did not file by the due date or a properly obtained extension, the type of return involved, and, where applicable, whether the delayed filing relates to Federal, State or Local tax returns.

_____

_____

_____

b. The address of the applicant business or principal during the year(s) in question.

_____

c. The date(s) when the applicant business or principal filed the late return(s).

_____

d. The reason(s) for the late or non-filing.

_____

_____

_____

e. Any penalty assessed for the year(s) in question.

_____

42. Has the applicant business and all principals of the applicant business paid all federal, state and local income and business taxes for which applicant business or principal is liable for the three (3) years preceding the date this application is submitted?

If "no," explain why not. **(If the applicant business or any of the principals is contesting such taxes in a pending judicial or administrative proceeding, please attach the relevant documentation.)**

_____

_____

_____

43. **Tax Liens.** List below any tax liens entered against the applicant business or any of its current principals by any tax authority. If none, state "none."

Name of Tax Lien Debtor	**Name of Tax Authority**	**Original Amount of Tax Lien**	**Date Lien Entered & Docket No.**	**Amount Outstanding**

44. List below any monies currently owed by the applicant business or principal to tax authorities, other than those tax debts for which liens have been entered against the applicant business or principal already listed in Question #43 above. Indicate the status of the matter (i.e., the date by which applicant business or principal will make payment, whether the tax authorities have instituted proceedings against eh applicant, etc.). If none, state "none."

Name	**Name of Tax Authority**	**Date**	**Amount**	**Status**

45. Identify all persons or entities from whom the applicant business or any principal has received gifts valued at $1,000 or more during the past three (3) years. If none, state "none."

Source of Gift, Including Name and Address	**Recipient**	**Relationship of Source of Gift to Applicant**	**Nature and Amount of Gift**	**Date of Gift**

46. List all persons or entities to whom/which the applicant business or any principal of the applicant business has given has given gifts valued at $1,000 or more during the past three (3) years, excluding any organization recognized by the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code. If none, state "none."

Recipient	**Identify Principal Who Gave Gift, If Applicant Business, So State**	**Relationship of Recipient to Applicant Business or Principal**	**Nature and Amount of Gift**	**Date of Gift**

SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS

	Principal #1	**Principal #2**
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cellular Number(s)		
Date of Birth		
Social Security Number(s)		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS (cont.)

	Principal #3	**Principal #4**
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cellular Number(s)		
Date of Birth		
Social Security Number(s)		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

SCHEDULE B – LIST OF EMPLOYEES

Name (Last, First, & Middle)	Residence Address	DOB & SSN	Home Phone No.	Cellular Phone No.

SCHEDULE C – OPERATORS OF VEHICLES

Name (Last, First & Middle)	State Issuing License	Driver's License Number(s)	Class(es)	Expiration Date

SCHEDULE D -- VEHICLES

Type of Vehicle	Manufacturer and Year of Manufacture	VIN Number	Registration Number	License Plate No. and State of Issuance

6/05

CERTIFICATION

This certification must be completed by the applicant business and all of its principals 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 PUBLIC WHOLESALE BUSINESS REGISTRATION, THEREBY PRECLUDING THE APPLICANT FROM OPERATING 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 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 wholesale business registration to operate in the City's public wholesale markets.

_____
(Signature of Applicant's Principal)

By: _____
(If corporation or partnership, state title)

Sworn to before me

this _____ day of _____, 20_____

_____
Notary Public

6/05

Tax ID or SSN: _____

Page _____ of _____ Pages

RELEASE AUTHORIZATION FOR APPLICANT

I,_____, am the_____and a principal 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.

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's Principal)

This _____ day of _____, 20 ____

By: _____
(If corporation or partnership, state title)

_____
Notary Public

6/05

Tax ID or SSN: _____

Page _____ of _____ Pages

MARKETS APPLICATION CHECKLIST

We have created a checklist to help you make sure that
Your application is complete before you submit it.

- ☐ **Did you answer every question completely?** We do not accept applications with questions left blank or with "same" written to repeat an answer.
- ☐ **Principal Information Form** needed for every new Principal listed.
- ☐ Is there a completed **Certification and Release Authorization form** signed and notarized by each Principal?
- ☐ **Did you include payment for all appropriate fees?**

Renewal Applications:	New Applications:
☐ **Certificate of General Liability Insurance**	☐ Did you include a copy of your **Certificate of Incorporation, Filing Receipt or Business Certificate filed with your County Clerk**? If your business is incorporated or registered outside of New York State, an Authority to do Business in New York State Certificate must also be submitted.
☐ **Certificate of Worker's Compensation Insurance** or **Exemption from Worker's Compensation Insurance**	☐ If applicable, documents related to: o **Purchase and Sales Agreements** o **Contested tax proceedings** o **Forfeiture, receivership or independent monitoring**
☐ **Copy of your Lease or Sublease Agreement**	☐ For corporations, limited liability corporations and partnerships: o Did you include a copy of your **Corporate or Partnership Tax Return Form** (i.e. 1120 form, 1120-S form)? o Sole proprietorship include copy of your tax return
	☐ **Copy of your Lease or Sublease Agreement** (if applicable)

***** All Checks or money orders must be made payable to "NYC Business Integrity Commission".**
Checks must be in the company's name and signed by a Principal of the applicant business***

All MAJOR CREDIT CARDS ACCEPTED

New York City Business Integrity Commission
100 Church Street, 20th Floor, New York, NY 10007

Questions? Call us at 212-676-6219

Rev. 2/11