



**NEW YORK CITY LOFT BOARD**

100 Gold Street, 2<sup>nd</sup> Floor  
New York, New York 10038  
(212) 788-7610 • Fax: (212)788-7501  
www.nyc.gov/html/loft

**MARC RAUCH**  
Chairperson

**Please complete in full if there is a change in ownership, managing agent and/or address.  
If there is a change of ownership, please attach a certified copy of the deed.**

Date: \_\_\_\_\_

CHANGE OF: \_\_\_\_\_ OWNERSHIP \_\_\_\_\_ ADDRESS  
*(Please check one or both if applicable)*

IMD# \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

TYPE OF OWNERSHIP: *(Please circle one.)*

PARTNERSHIP

CORPORATE PARTNERSHIP

CORPORATE LESSEE

CORPORATION

INDIVIDUAL

EMPLOYER TAX IDENTIFICATION NUMBER \_\_\_\_\_  
*(if corporate entity)*

BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

24 HOUR EMERGENCY CONTACT: \_\_\_\_\_

EFFECTIVE DATE OF THE CHANGE OF OWNERSHIP OR ADDRESS \_\_\_\_\_

If owner is a corporation, complete this section

OFFICERS OF CORPORATION

NAME	ADDRESS	PHONE NUMBER
President	Business	
	Home	
Vice President	Business	
	Home	
Secretary	Business	
	Home	
Treasurer	Business	
	Home	

Managing Agent  
(Natural Person Only)

Business Address	Phone Number
Home Address	Phone Number

I CONSENT TO THE DESIGNATION AS MANAGING AGENT OF THE ABOVE PREMISES:

\_\_\_\_\_  
Signature of Managing Agent

\_\_\_\_\_  
Date

TO THE OWNER: If the entire building is leased, give Lessee's Name and Address  
(If corporate entity, give the entity's Name and Address and Tax ID number):

Lessee

Business Address	Phone Number	Tax ID Number
Home Address	Phone Number	

I CERTIFY UNDER PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT, THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Signature of Owner, Officer  
of Corporation, or Lessee

\_\_\_\_\_  
Date