NYC Department of Consumer Affair

BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- ☐ Business/General Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership
- ☐ Limited Partnership
- ☐ Non-Profit
- ☐ S-Corporation
- ☐ Sole Proprietorship

If your Business's legal structure is Sole Proprietorship, complete Sections **1, 2,** and **4.**
If your Business's legal structure is NOT Sole Proprietorship, complete Sections **1, 3,** and **4.**

Business Information

Business Name
(The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)
Sultana Parvin Newsstand

Doing-Business-As (DBA)/Trade Name
(The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)

Premises Address *(Building Number, Street Name, Apartment/Suite/Other)*
NEC East Houston & Avenue A

City	State	ZIP Code	Country/Region	Borough:
New York	NY		USA	☐ Bronx ☐ Queens ☐ Brooklyn ☐ Staten Island ☑ Manhattan ☐ Outside of NYC

E-mail
(By providing your e-mail address, you consent to receive communications electronically from the Department of Consumer Affairs (DCA), and you affirm that the e-mail listed is a reliable form of communication for you.)

Phone 1 (Primary)	Phone 2 (Alternate)	Text Telephone (TTY Phone)	Fax
(646)752-9048	( )		( )

Employer Identification Number (EIN)
(Required for sole proprietorships with paid employees, corporations, and partnerships)

☐☐-☐☐☐☐☐☐☐

New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number
(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)

The Sales Tax Identification Number is the 9, 10, or 11-digit number on your New York State Department of Taxation and Finance-Certificate of Authority. If you have not received your Certificate of Authority, please enter the 6-digit confirmation number you received when you successfully submitted the application for a Certificate of Authority.

☐☐☐☐☐☐☐☐☐☐-☐-☐ or

☐☐☐☐☐☐

Contact Mailing Information

If you want DCA correspondence addressed and mailed to a contact other than the business name and address provided on page 1, please complete the information below.

First Name	Middle Name *(optional)*	Last Name
Robert	S	Bookman

Title/Position *(Check one box only.)*		
Attorney	☐ Chairman ☐ Director ☐ Officer ☐ President ☐ Secretary	☐ Treasurer ☐ Trustee ☐ Vice President ☒ Other *(Please specify.)*

Mailing Address *(Building Number, Street Name, Apartment/Suite/Other)*			
325 Broadway - Suite 501			
City	State	ZIP Code	Country/Region
New York	NY	10007	USA

Providing Social Security Number or Individual Taxpayer Identification Number in Sections 2 and 3 is voluntary. The City requests this information under the NYC Charter and Administrative Code. This information will or may be used to allow the City of New York to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare.

Section 2 - Sole Proprietorship

Last Name	Suffix *(Jr., Sr., Esq.) (optional)*	First Name	Middle Name *(optional)*
Parvin		Sultana	

Social Security Number or Individual Taxpayer Identification Number
[redacted]

Home Address *(Building Number, Street Name, Apartment/Suite/Other)*			
70-35 Broadway, Apt #D1			
City	State	ZIP Code	Country/Region
Jackson Heights	NY	11372	USA

Section 3 – General Partners, Corporate Officers, Shareholders, and Members

You must provide information on *all* general partners and *all* corporate officers and *each* shareholder owning 10% or more of the business applying for a license. Note: Limited Liability Companies must provide information on *all* members. Non-Profits must provide information on *all* officers and *all* Board of Directors members. **Attach additional sheets if necessary.**

Important: If the partner or shareholder is a business (rather than an individual), DCA will verify active status prior to license issuance. Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the New York State Department of State. If you file your application in person, DCA can print a copy of the partner's or shareholder's Certificate of Incorporation and/or Certificate of Authority to Conduct Business in New York from the New York State Department of State's website.

See page 3.

UNION MARKET

240 EAST HOUSTON

N

STANDPIPES

ENTRY

BUILDING LINE

WALKWAY

CANOPY ABOVE

FIRE ESCAPE ABOVE

2'-0"

CORNER PROPERTY LINE

SIDEWALK

SIDEWALK

SIDEWALK

AVENUE A

5'-0"

9'-6" CLEARPATH

18'-0"

CLEARPATH 15'-0"

CLEARPATH 15'-0"

STREET LIGHT

PROPOSED NEWSSTAND

5'-0" X 10'-0"

5'-0"

1'-6"

FIRE HYDRANT

21'-0"

10'-0"

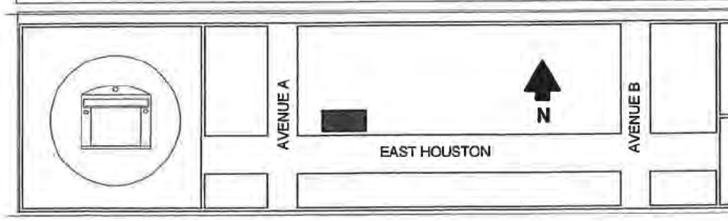
10'-0"

25'-0"

25'-0"

EAST HOUSTON STREET

SITE PLAN



PROPOSED NEWSSTAND

NEC EAST HOUSTON STREET & AVENUE A

OFFSITE TECHNOLOGIES INC.

164 WEST 79TH STREET / SUITE 5B , NYC / 212 316-3882

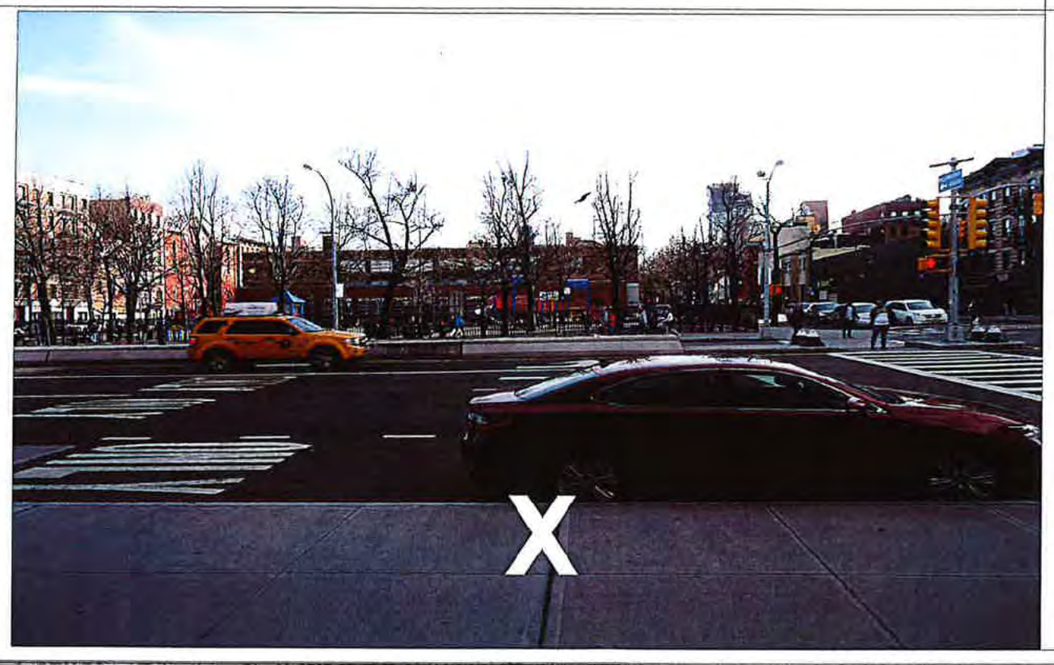
SCALE: 1/4" = 1'-0" DATE : 04/18/15

1

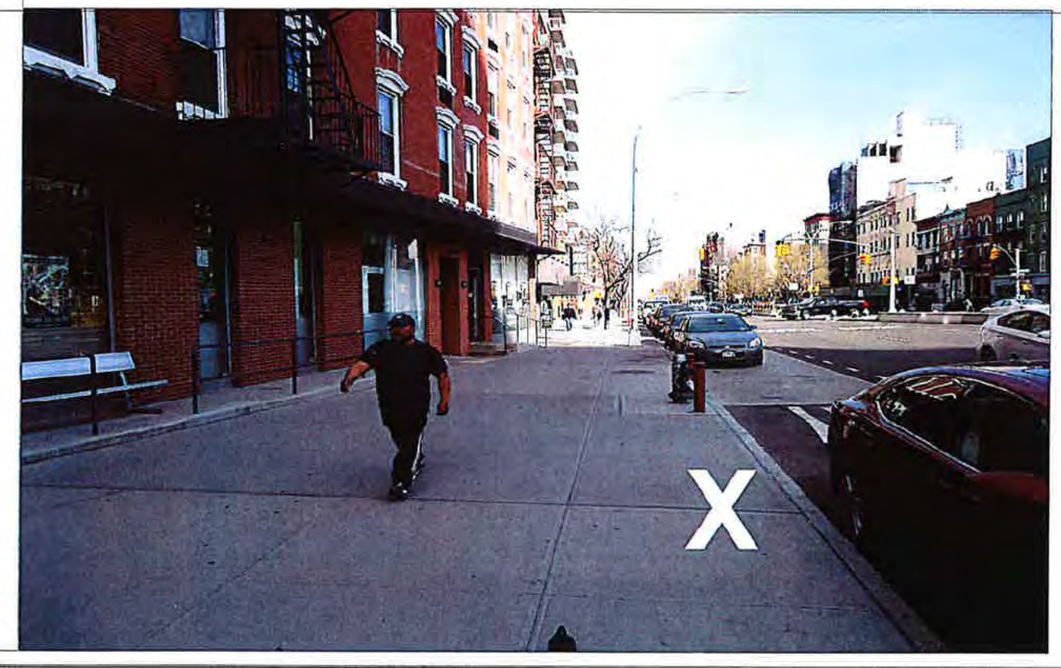
A

B

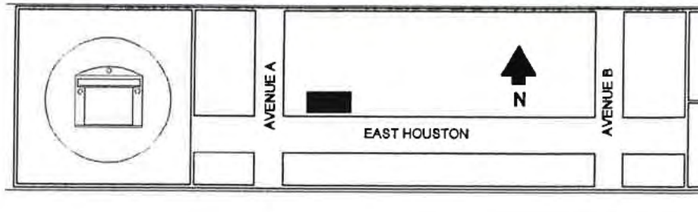
C



D



SITE PHOTOS



PROPOSED NEWSSTAND

NEC EAST HOUSTON STREET & AVENUE A

OFFSITE TECHNOLOGIES INC.
164 WEST 79TH STREET / SUITE 5B , NYC / 212 316-3882

NO SCALE : DATE : 04/18/15

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