



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 or if your Business has an individual general partner, complete Sections 1, 2, and 4.

If your Business's legal structure is NOT Sole Proprietorship and your Business does not have an individual general partner, complete Sections 1, 3, and 4.

Business Information

Business Name <small>(The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> Nikita Prajapati			
Doing-Business-As (DBA)/Trade Name <small>(The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small>			
Premises Address <small>(Building Number, Street Name, Apartment/Suite/Other)</small> 51 Astor Place, NEC 4 Avenue & Astor Place			
City New York	State NY	ZIP Code 10003	Country/Region USA
E-mail <small>(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.)</small> nilesh132333@gmail.com			
Phone 1 (Primary) (201) 442-9497	Phone 2 (Alternate) (201) 442-9497	Text Telephone (TTY Phone)	Fax ()
Employer Identification Number (EIN) <small>(Required for sole proprietorships with paid employees, corporations, and partnerships)</small> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number <small>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</small> <small>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 submitted the application for a Certificate of Authority.</small> <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	

News STAND

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 Nilesh	Middle Name (optional) K	Last Name Prajapati	
Title/Position (Check one box only.)	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> President <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other. Please specify.	
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 20 50th st, Apt # Bsmt			
City Weehawken	State NJ	ZIP Code 07086	Country/Region USA

Section 2 - Sole Proprietors and Individual General Partners

Sole proprietors and individual general partners must provide Social Security number or Individual Taxpayer Identification Number (ITIN) so the City of New York can confirm whether they have outstanding child support obligations.

Individual #1 (Sole Proprietor or Individual General Partner #1)

Last Name Prajapati	Suffix (Jr., Sr., Esq.) (optional)	First Name Nikita	Middle Name (optional) N
Social Security Number or Individual Taxpayer Identification Number 		Date of Birth (YYYY-MM-DD) 1 9 9 1 - 1 0 - 0 1	
Home Address (Building Number, Street Name, Apartment/Suite/Other) 20 50th st, Apt # Bsmt			
City Weehawken	State NJ	ZIP Code 07086	Country/Region USA

Is Individual #1 under an obligation to pay child support?

Yes No

If Yes, Individual #1 must answer **ALL** questions below.

- a. Does the individual owe four or more months of child support payments? Yes No
- b. Is the individual making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? Yes No
- c. Are the individual's child support obligations the subject of a pending proceeding? Yes No
- d. Did the individual receive public assistance or Supplemental Security Income? Yes No

