



## BASIC LICENSE APPLICATION

*Please print.*

### Section 1 – All applicants

What is your Business's legal structure?

- |   |  |
|---|--|
| <input type="checkbox"/> Business/General Partnership         | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> Non-Profit          |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> S-Corporation       |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> 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

<b>Business Name</b> (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <b>Jethou LLC</b>			
<b>Doing-Business-As (DBA)/Trade Name</b> (The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <b>Pizza Beach</b>			
<b>Premises Address (Building Number, Street Name, Apartment/Suite/Other)</b> <b>167 Orchard Street</b>			
<b>City</b> <b>New York</b>	<b>State</b> <b>NY</b>	<b>ZIP Code</b> <b>10002</b>	<b>Country/Region</b> <b>USA</b>
<b>E-mail</b> (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.) <b>tommartignetti@gmail.com</b>			
<b>Phone 1 (Primary)</b> <b>(917) 576 5096</b>	<b>Phone 2 (Alternate)</b> <b>(212) 966-6032</b>	<b>Text Telephone (TTY Phone)</b>	<b>Fax</b> <b>(212)672-1114</b>
<b>Employer Identification Number (EIN)</b> (Required for sole proprietorships with paid employees, corporations, and partnerships) <div style="border: 1px solid black; padding: 2px; display: inline-block;">             4 7 - 3 9 9 7 2 1 0           </div>		<b>New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number</b> <i>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</i>  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. <div style="border: 1px solid black; padding: 2px; display: inline-block;">             4 7 3 9 9 7 2 1 0 - - or              - - - - -           </div>	

## 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 <b>Thomas</b>	Middle Name <i>(optional)</i>	Last Name <b>Martignetti</b>	
Title/Position <i>(Check one box only.)</i>	<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 checked="" type="checkbox"/> Other. <i>Please specify.</i> LLC Member	
Mailing Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> <b>c/o Broome Street Hospitality, 247 Centre Street, Suite #2B</b>			
City <b>New York</b>	State <b>NY</b>	ZIP Code <b>10013</b>	Country/Region <b>usa</b>

## 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 <b>n/a</b>	Suffix <i>(Jr., Sr., Esq.) (optional)</i>	First Name	Middle Name <i>(optional)</i>
Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
Home Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region

Is Individual #1 under an obligation to pay child support?  
 If Yes, Individual #1 must answer **ALL** questions below.

Yes  No

- 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