



ELECTION OF OFFICERS FORM

Please visit our website for more information at: www.nyc.gov/tlc, or our office at 31-00 47th Avenue, 3rd Floor, Long Island City, NY 11101 or contact our Call Center at 718-391-5501.

Company Name []

D/B/A []

Address (No P.O. Boxes) []

City [] State [] Zip []

Business Type (please check one): [] Sole Proprietorship [] Partnership [] Corporation

LIST ALL OWNERS, PARTNERS, OFFICERS AND STOCKHOLDERS (Use additional page if necessary)

NOTE: This page does not replace a filing receipt for a Corporation or a member breakdown for a LLC

NAME: []
MAILING ADDRESS: []
CITY: [] STATE: [] ZIP: []
TELEPHONE #: ([]) [] [] # OF SHARES: []
SS #: [] [] [] DRIVER LICENSE #: []

For Corporation or Partnership, please check if you are:
[] President [] Vice President
[] Secretary [] Treasurer
[] Shareholder

NAME: []
MAILING ADDRESS: []
CITY: [] STATE: [] ZIP: []
TELEPHONE #: ([]) [] [] # OF SHARES: []
SS #: [] [] [] DRIVER LICENSE #: []

For Corporation or Partnership, please check if you are:
[] President [] Vice President
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[] Shareholder

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[] Shareholder

At a special meeting, stockholders nominated and duly elected by unanimous vote the officers listed above.

"I do hereby affirm, under penalty of law, that I have examined and reviewed the information in the submitted form(s) or application(s), including any supplemental form(s) and/ or document(s) and that these document(s) and or statement(s) do not contain any untrue statement(s) nor are they missing any material information and/ or fact(s). I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license/permit.

I further affirm and acknowledge that I have read all rules applicable to my license and that I understand that I am are required to follow and comply with these rules. Failure to do so may result in the issuance of a summons that could result in the imposition of points, fines, a suspension or revocation of their license."

Name: []

Signature: []

Title: []

Date: []