



The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 437-0500 · Fax (646) 500-7096

INSTRUCTIONS

MARKET BUSINESS REGISTRATION APPLICATION

**PLEASE READ THESE INSTRUCTIONS AND ALL QUESTIONS CAREFULLY
AS THE APPLICATION HAS RECENTLY BEEN REVISED**

Definitions of terms used in the application are set forth in Title 22, Chapter 1-B of the Administrative Code of the City of New York (“Code”) and in Title 17, Chapter 2 of the Rules of the City of New York. Certain of these definitions have been excerpted and attached as Appendix A to the application. Before completing this application, the applicant and all others required to execute documents hereunder should read and familiarize themselves with Title 22 of the Code and the related rules. These instructions are not a substitute for such a complete review and may not be relied on in lieu of the law and rules. Copies of statute and rules are available at the office of the New York City Business Integrity Commission (“Commission”).

Attached is the application for a market business registration. **The applicant business and all of its principals must complete each and every question set forth therein.** If a question is not applicable, write "not applicable" or "N.A." An application that has not been completed properly may be denied as incomplete and/or on the basis of the Commission's investigation and review of the incomplete application, or the application may be returned to the applicant without being processed. An application returned as incomplete will not be deemed submitted.

DOCUMENTS TO BE SUBMITTED

In addition to the application form, a number of documents must be submitted to the Commission in order for the application to be considered. The applicant must submit the following documents (to the extent applicable), some of which are described in these instructions, some in the body of the application and attachments, and some in the applicable rules. Samples of some of the required documents include but are not limited to the following:

- Market Business Registration Application
- Notarized Certifications (on behalf of applicant business and by each principal)
- Notarized Releases (on behalf of applicant business and by each principal)
- Documents related to the organization of the applicant business¹
- Purchase and Sale Agreements, if applicable
- Documents relating to any forfeiture, receivership or independent monitoring
- Documents relating to contested tax proceeding
- Principal Information Form (for each principal)
- Payment by credit card,² money orders, or checks made **payable to the “New York City Business Integrity Commission”** to cover the registration fee of \$4,000.00 (3 year).

ALL FEES NON-REFUNDABLE

THE APPLICANT MUST SUBMIT AN ORIGINAL AND ONE COPY OF THE APPLICATION AND ALL DOCUMENTS.

NOTE: REQUEST(S) TO WITHDRAW AN APPLICATION WILL BE EVALUATED ON A CASE BY CASE BASIS AND WILL NOT NECESSARILY BE APPROVED.

¹ If a sole proprietorship, a certified copy of the Certificate of Doing Business filed with the County Clerk.

If a partnership, a certified copy of the Certificate of Partnership filed with the County Clerk and a copy of the current partnership agreement.

If a corporation, a certified copy of the Certificate of Incorporation and copies other current bylaws and last annual report, including financial statement.

² Effective Monday, October 15, 2018, due to City-wide policy, all credit card and debit card transactions will be charged a fee of 2% of the payment amount.

MARKET BUSINESS REGISTRATION APPLICATION

Each page submitted by the applicant must contain in the lower left hand corner the applicant's social security or tax identification number and each page must be numbered sequentially as "Page __ of __ pages" (e.g., if a twenty-five page application were submitted, the first page would be marked: "Page 1 of 25 pages").

Applicant requiring additional space to complete any answer may attach additional pages to the application. Indicate on the top of each such additional page, the Part and question number to which the additional page relates. The Schedules in the application also may be copied if additional schedule pages are needed. All additional pages and Schedules also must be identified in the lower left-hand corner with the applicant's social security or tax identification number. Each added page must be numbered sequentially like the rest of the application (e.g., "Page ___ of ___ pages").

The applicant is under a continuing obligation to update answers to application questions marked with an asterisk (*). Any change in the answer to such a question, must be provided to the Commission in writing, as specifically set forth in Title 22, Chapters 1-A and 1-B of the Code and the rules promulgated thereunder, or otherwise no later than ten (10) days after the change occurs. The applicant's continuing obligation begins upon submission of the registration application and extends throughout the processing period and any registration term.

NOTARIZED CERTIFICATIONS

Upon completion of the application and all of its attachments, two documents must be executed by both the applicant business and each principal: a notarized certification form and a notarized release form. Principals of the applicant business must separately provide the Principal Information disclosures as noted below.

PRINCIPAL INFORMATION FORMS FOR INDIVIDUALS

Each principal, as that term is defined, must complete a personal information form. Principals must complete the "Principal Information Form" and the notarized certification attached to the Principal Information Form (in addition to the notarized certification for the license application itself).

THE COMMISSION WILL NOTIFY THE APPLICANT BUSINESS WHEN THE APPLICATION IS APPROVED AND WILL SCHEDULE AN APPOINTMENT FOR A PRINCIPAL OF THE APPLICANT BUSINESS TO APPEAR AT THE OFFICES OF THE COMMISSION TO:

- Sign a Registration Order; and
- Submit proof that the insurance policies required in Title 2, Chapter 2 have been secured:³
 - Workers' compensation and disability benefits coverage, or proof of exemption
 - Liability insurance against claims for injuries to persons or damage to property consisting of:
 - Commercial General Liability Insurance with liability limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury, personal and property damage. The maximum deductible for such insurance shall be no more than \$25,000
 - Business Automobile Liability Insurance covering every vehicle operated by the licensee's business, whether or not owned by the licensee, and every vehicle hired by the licensee with liability limits of no less than one million dollars (\$1,000,000) combined single limit per accident for bodily injury and property damage.
 - Employers' Liability Insurance with limits of \$1,000,000 per accident.

All applications may be submitted in person or mailed to:

**NYC Business Integrity Commission
100 Church Street, 20th Floor
New York, 10007**

If you have any questions about this application, please call 212-437-0555.

³ The policy or policies of insurance required by these rules shall name the City of New York and the Business Integrity Commission shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except upon sixty days prior written notice to the Commission. Failure to maintain continuous insurance coverage meeting the requirements of these rules will result in automatic cancellation of the license. Such policy or policies of insurance shall be obtained from a company, or companies, duly authorized to do business in the State of New York with a Best's rating of no less than A:X unless specific approval has been granted by the Mayor's Office of Operations to accept a company with a lower rating. Two certificates of insurance effecting the required coverage and signed by a person authorized by the insurer to bind coverage on its behalf, must be delivered to the Commission prior to the effective date of the license.



The City of New York
BUSINESS INTEGRITY COMMISSION
 100 Church Street · 20th Floor
 New York · New York 10007

**PUBLIC WHOLESALE MARKETS
 MARKET BUSINESS REGISTRATION APPLICATION**

-----OFFICE USE ONLY-----

APPLICATION #: _____ DATE RECEIVED: _____
 RECEIVED BY: _____

PART I – APPLICANT BUSINESS IDENTIFYING INFORMATION

*1. Name of applicant business. Also list trade name and registration application name, if different:

Business Name: _____

Trade Name: _____

*2. (a) Main Office Address: _____

(b) Public Market Address (if different): _____

(c) List all stalls/unit used or occupied by the applicant business: _____

*3. Mailing Address: _____

*4. Business telephone number(s): _____ *Fax Number: _____

*5. Cellular Number: _____

*6. Electronic Addresses:

*Website: _____ *E-mail Address: _____

***7. Agent for Service of Process in New York City.** State the name, address, and telephone number of the person of suitable age and discretion who shall be designated as applicant business' agent for service of process in New York City. **The agent for service of process must be located within the five boroughs of New York City.**

Name: _____

Address: _____

Telephone No.: _____ Fax Number: _____

*** (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within ten (10) calendar days of the material change.**

Tax ID or SSN: _____

Page _____ of Pages _____

Rev. 12/26/18

8. **Type of Organization** (check one):

a. _____ Sole Proprietorship (i.e., company is not incorporated and does business under the name of a person having ownership interest or under an assumed name, doing business as name, or trade name). **Attach a certified copy of the Certificate of Doing Business filed with the County Clerk in the county in which the business is located.**

b. _____ Partnership. (Check one). **Attach a copy of current partnership agreement and Certificate of Partnership, certified by the County Clerk in the county in which the business is located.**

_____ General Partnership

_____ Limited Partnership (L.P.)

_____ Limited Liability Partnership (L.L.P.)

c. _____ Corporation. **Attach a copy of the Certificate of Incorporation filed with the Secretary of State. If the applicant business is not incorporated in New York State, also attach a certified copy of the Authority to Do Business Certificate issued by the New York Secretary of State.**

9. If applicant business is a corporation, provide the tax identification number. Or, if a partnership or sole proprietorship, provide the social security numbers of all principals.

10. **Past Names Used By Applicant Business.** List all names and address which the applicant has done business under, including but not limited to trade names, doing business as (d/b/a), and aliases, and the time periods.

Name and Address	From (Year)	To (Year)

*11. **Affiliated Companies.** List all affiliates (i.e., parent and subsidiaries) of the applicant business.

Name and Address of Affiliated Company	Nature of Relationship (parent, subsidiary, partner, etc.)	Length of Relationship

Tax ID or SSN: _____

Page _____ of Pages _____

***12. Current Principals.** On Schedule A, identify all individuals who are current principals of applicant business and provide the information requested. **In addition, the Principal Information form must be submitted for each current principal.**

13. Past Principals. Identify and provide below information for any person or entity who was a principal of the applicant business at any point during the past (10) ten years.

	Past Principal #1	Past Principal #2
Name (first, middle and last) Also include maiden name where Applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

Tax ID or SSN: _____

Page _____ of Pages _____

13. Past Principals (cont.)

	Past Principal #3	Past Principal #4
Name (first, middle and last) Also include maiden name where Applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

Tax ID or SSN: _____

Page _____ of Pages _____

14. **Beneficial Interest.** Identify below all individuals, not already identified in question 12 or question 13 above, who have or have had beneficial interest⁴ in the applicant business at any point during the past 10 years, and disclose the required information.

	Beneficial Holder #1	Beneficial Holder #2
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Name of Employer and Address of (if applicable)		
Employer Telephone Number		
If Employed by Applicant, State Job Title and Dates During Which Job Was Held		
Nature and Percentage of Beneficial Interest in Applicant Business		
How Beneficial Interest Was Acquired (i.e. purchase & purchase price, inheritance, etc.)		

⁴ As defined in Appendix A to this application.

Tax ID or SSN: _____

Page _____ of Pages _____

14. Beneficial Interest (cont.)

	Beneficial Holder #3	Beneficial Holder #4
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Name of Employer and Address of (if applicable)		
Employer Telephone Number		
If Employed by Applicant, State Job Title and Dates During Which Job Was Held		
Nature and Percentage of Beneficial Interest in Applicant Business		
How Beneficial Interest Was Acquired (i.e. purchase & purchase price, inheritance, etc.)		

15. Has the applicant business acquired another business(es) within the past 10 years?
 _____ Yes _____ No

If "yes," provide the information below, and **attach a copy of any purchase and sale agreement.**

	Acquisition #1	Acquisition #2	Acquisition #3	Acquisition #4
Seller's Name and Address				
Date of Purchase				

Tax ID or SSN: _____

Page _____ of Pages _____

*16. Does the applicant business share any office space, staff or equipment, including but not limited to telephone lines, with any other business or organization
 _____ Yes _____ No

If "yes," provide details below, including what is shared, under what terms, and the name(s) of entity(ies) or individual(s) with whom it is shared.

17. How many individuals (not including principals) does the applicant currently employ? _____

18. Are individuals employed by the applicant (including principals of the applicant) members of a union?
 _____ Yes _____ No

If "yes," provide the name(s) of the union(s), including the local(s) if applicable, and the number of employees/principals of the applicant business belong to each union.

Name and Address of Union and Local	Number of Applicant Business' Employees and Principals Who Are Members

*19. **Employee Information.** On Schedule B, list the names, resident addresses, phone numbers, dates of birth, social security numbers, positions, work hours per week, and date hired for all employees hired or will be hired by the applicant business.

*20. **Operators of Vehicles.** On Schedule C, list each employee and principal who will operate a vehicle during the conduct of the applicant business, and provide the operator's name, driver's license number(s), class(es) and expiration date.

*21. **Vehicles.** On **Schedule D**, list all vehicles, including but not limited to "hi-los," used during the course of the applicant business, and disclose vehicle identification numbers, registration numbers and license plate numbers for each vehicle. If none, state "none."

*22. Does the applicant business, any of its parents, subsidiaries, or affiliates have any interest in another business(es)?
 _____ Yes _____ No

Tax ID or SSN: _____

Page _____ of Pages _____

If "yes," provide details below.

Name of Applicant Business, Parent, Subsidiary or Affiliate	Name and Address of Business	Type of Business	Nature and Amount of Interest

*23. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's principals ever been issued a license, permit, registration or authorization to operate from any government agency?

_____ Yes _____ No

Name of Holder	Type of License, Permit, etc.	Term of License, Permit, etc.	Date of Issuance	Issuing Authority	Status (Current, Expired)

*24. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's principals ever had a license, permit, registration or authority to operate from any government agency denied, suspended or revoked?

_____ Yes _____ No

If "yes," provide the following information.

Name of Holder	Date of Denial, Suspension or Revocation	Agency	Reason

Tax ID or SSN: _____

Page _____ of Pages _____

PART II – CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY

25. Has the applicant business or any of its present principals presently or previously held any position(s), office(s), trusteeship(s), directorship(s) or fiduciary position(s) with any other business entity?

_____ Yes _____ No

If “yes,” provide details below.

26. Has the applicant business or any of its principals been denied, suspended or removed from any trusteeship or any other fiduciary position?

_____ Yes _____ No

If “yes,” provide details below.

*27. Has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) ever been convicted of any criminal offense in any jurisdiction?

_____ Yes _____ No

In answering this question, **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses).

If “Yes,” provide the details below. **(It is not necessary to provide information relating exclusively to traffic violations.)**

Principal or Business Name	Date of Arrest	Date of Conviction	Indictment, Docket or Index No.	Charge(s) and Sentence	Court and Jurisdiction

Tax ID or SSN: _____

Page _____ of Pages _____

28. During the past five (5) years, has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction:

a. been a party to or subject of any civil action or proceeding, or regulatory action or proceeding, in any jurisdiction?

_____ Yes _____ No

b. been called to testify before any governmental agency?

_____ Yes _____ No

If you answered “yes” to any questions 28(a) - (b) above, provide the following details.

Name	Name and Address of Court or Agency	Nature of Proceedings or Investigation	Name and Position of Person Who Provided Testimony	Date on Which Testimony was Given	Date of Investigation

Tax ID or SSN: _____

Page _____ of Pages _____

*29. Are there criminal charges pending against the applicant business, its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction?

_____ Yes _____ No

If "Yes," provide the details below. **(It is not necessary to provide information relating exclusively to traffic violations.)**

Name	Date of Arrest	Indictment No.	Charge	Status	Court and Jurisdiction

*29. Are there any civil actions brought by a government agency pending against the applicant business, its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction?

_____ Yes _____ No

If "Yes," provide the details below.

Name	Docket or Case No. and Date	Charge	Status	Court and Jurisdiction

Tax ID or SSN: _____

Page _____ of Pages _____

30. During the past five (5) years has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction:

a. been cited for contempt of any court, grand jury, or legislative, civil, criminal or administrative body?

_____ Yes _____ No

b. entered a plea of nolo contendere, judicial consent decree, administrative order on consent or similar agreement, or been the subject of a default decree?

_____ Yes _____ No

c. been subject to an injunction in any judicial action or proceeding ?

_____ Yes _____ No

d. been granted immunity from prosecution for any conduct constituting a crime under state for federal law?

_____ Yes _____ No

e. refused to testify or answer any question in any criminal, civil or administrative proceeding?

_____ Yes _____ No

f. been the subject of administrative charges for which the potential sanction was suspension or revocation of a license, permit or registration or a fine, penalty or settlement of \$5,000 or more?

_____ Yes _____ No

If you answered "yes" to any of the questions 31(a)-(f) above, provide the following details.

Name	Name and Address of Court or Agency	Nature of Proceedings or Investigation	Name and Position of Person Who Provided Testimony	Date on Which Testimony was Given	Date of Investigation or Consent Decree

Tax ID or SSN: _____

Page _____ of Pages _____

31. Has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) ever engaged in, or knowingly permitted to occur any of the following:

a. filed with a government agency or submitted to a government employee, in any jurisdiction, any document which you knew contained a false statement or false information?

_____ Yes _____ No

b. falsified the records of any business or enterprise of any kind?

_____ Yes _____ No

c. given, or offered to give, money or any other benefit to a public servant with intent to influence that public servant with respect to any of his or her official acts, duties or decisions?

_____ Yes _____ No

d. given, or offered to give, money or other benefit to an official or employee of a private business with intent to induce that official or employee to engage in unethical or illegal business practices?

_____ Yes _____ No

e. given, or offered to give, money or thing of value to a labor official with intent to influence that labor official with respect to any of his or her official acts, duties or decisions as a labor official?

_____ Yes _____ No

f. given any money or thing of value to a labor union or labor official or representative that was not expressly permitted by section (c) of the Taft-Hartley Act, 29 U.S.C. Section 186?

_____ Yes _____ No

If you answered "yes" to any of the questions 32(a)-(f) above, provide the following details.

Name of Labor Union or Organization	Name of the Agency Involved	Name of the Public Official Involved	Date of Occurrence	Amount of Money Involved	Document Involved

Tax ID or SSN: _____

Page _____ of Pages _____

32. Has the applicant business, any current principals, or any past principals (who were principals of the applicant business within the last three (3) years) ever been subject to any investigation by a municipal, state or federal agency of any alleged violation of civil law involving racketeering or the potential forfeiture of any asset?

_____ Yes _____ No

If you answered "Yes," provide the following details.

Name	Agency or Court	Nature of Investigation or Charges	Indictment, Docket, or Index No.	Status

*33. Are there any other charges, including, but not limited to, administrative charges by municipal, state or federal agencies, such as the Department of Health, Department of Environmental Protection, Environmental Protection Agency, Department of Labor, or Occupational Safety and Health Administration, presently pending against the applicant business or any current or past principal of the applicant business?

_____ Yes _____ No

If "yes," provide the details below.

Agency or Court	Nature of the Investigation/Charges	Status

Tax ID or SSN: _____

Page _____ of Pages _____

PART III – FINANCIAL INFORMATION

34. **Financial Accounts.** List each financial account, domestic or foreign, used by the applicant business during the past five (5) years, including but not limited to, any right of ownership in, control over or interest in any bank account, safe deposit box, credit union, accounts at brokerage firms or other financial institutions, regardless of whether such account was held in the name of the corporation, a nominee of the corporation or was otherwise under the direct or indirect control of the corporation, and provide the following information.

Type of Account	Name and Address of Financial Institution	Account No.	Name & Telephone No. of Account Officer	Names and Addresses of All Persons Authorized to Sign on Behalf of Applicant Business

35. **Real Property.** List below each direct or indirect interest in real property currently held by the applicant business. If none, state "none."

Address	Person or Entity From Whom Acquired	Co-Owners & Addresses	Approximate Purchase or Rental Cost	Approximate Current Value

Tax ID or SSN: _____

Page _____ of Pages _____

36. **Loans Owed to Applicant Business.** List below all loans made or notes held by applicant business in excess of \$5,000 which are currently outstanding. (This refers to monies that are owed to the applicant business). If none, state "none."

Name and Address of Debtor	Original Amount & Date of Loan	Terms of Loan & Security, if any	Approximate Balance Outstanding

37. **Indebtedness.** List below any indebtedness, including, but not limited to, loans, lines of credit, and mortgages on real property (other than primary residence) in excess of \$5,000 owed by the applicant business. If none, state "none."

Name and Address of Creditor	Account No.	Amount of Indebtedness	Maturity Date	Terms of Payment	Name and Telephone No. of Loan Officer

Tax ID or SSN: _____

Page _____ of Pages _____

38. In the past ten (10) years, has the applicant business, its parents, subsidiaries or affiliated companies or any predecessors of these companies ever been subject to the appointment of an independent auditor, monitor, receiver or trustee or subject to forfeiture?

_____ Yes _____ No

If "Yes," provide the information below.

Name	Name and Address of Auditor, Monitor, Receiver or Trustee	Nature of Audit, Monitorship, Receivership or Trusteeship	Dates of Audit, Monitorship, Receivership or Trusteeship

39. **Bankruptcy.** Has the applicant business, its parents, subsidiaries, affiliates or any predecessors of these companies had any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law filed by or against it in the last ten (10) years?

_____ Yes _____ No

If "yes," **attach a copy of the petition** and provide the information below:

Name of Petitioner	Court/ Jurisdiction & Docket No.	Date of Filing	Status

Tax ID or SSN: _____

Page _____ of Pages _____

*40. Have the applicant business and all current principals of the applicant business filed all required tax returns (including, but not limited to, income, business, unincorporated business, sales, commercial rent, property taxes on New York City realty, and unemployment insurance returns) for each of the past three (3) years by the due date or within a properly obtained extension period?

_____ Yes _____ No

If "no," provide the following information:

- a. The year(s) in which the applicant business or principal did not file by the due date or a properly obtained extension, the type of return involved, and, where applicable, whether the delayed filing relates to Federal, State or Local tax returns.

- b. The address of the applicant business or principal during the year(s) in question.

- c. The date(s) when the applicant business or principal filed the late return(s).

- d. The reason(s) for the late or non-filing.

- e. Any penalty assessed for the year(s) in question.

*41. Has the applicant business and all principals of the applicant business paid all federal, state and local income and business taxes for which applicant business or principal is liable for the three (3) years preceding the date this application is submitted?

If "no," explain why not. **(If the applicant business or any of the principals is contesting such taxes in a pending judicial or administrative proceeding, please attach the relevant documentation.)**

Tax ID or SSN: _____

Page _____ of Pages _____

42. **Tax Liens.** List below any tax liens entered against the applicant business or any of its current principals by any tax authority. If none, state "none."

Name of Tax Lien Debtor	Name of Tax Authority	Original Amount of Tax Lien	Date Lien Entered & Docket No.	Amount Outstanding

43. List below any monies currently owed by the applicant business or principal to tax authorities, other than those tax debts for which liens have been entered against the applicant business or principal already listed in Question #43 above. Indicate the status of the matter (i.e., the date by which applicant business or principal will make payment, whether the tax authorities have instituted proceedings against the applicant, etc.). If none, state "none."

Name	Name of Tax Authority	Date	Amount	Status

44. Identify all persons or entities from whom the applicant business or any principal has received gifts valued at \$1,000 or more during the past three (3) years. If none, state "none."

Source of Gift, Including Name and Address	Recipient	Relationship of Source of Gift to Applicant	Nature and Amount of Gift	Date of Gift

Tax ID or SSN: _____

Page _____ of Pages _____

45. List all persons or entities to whom/which the applicant business or any principal of the applicant business has given has given gifts valued at \$1,000 or more during the past three (3) years, excluding any organization recognized by the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code. If none, state "none."

Recipient	Identify Principal Who Gave Gift, If Applicant Business, So State	Relationship of Recipient to Applicant Business or Principal	Nature and Amount of Gift	Date of Gift

SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS

	Principal #1	Principal #2
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cellular Number(s)		
Date of Birth		
Social Security Number(s)		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

Tax ID or SSN: _____

Page _____ of Pages _____

SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS (cont.)

	Principal #3	Principal #4
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cellular Number(s)		
Date of Birth		
Social Security Number(s)		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

Tax ID or SSN: _____

Page _____ of Pages _____

SCHEDULE B – LIST OF EMPLOYEES

Name (Last, First, & Middle)	Residence Address	DOB & SSN	Home Phone No.	Cellular Phone No.	Title

Tax ID or SSN: _____

Page _____ of Pages _____

SCHEDULE C – OPERATORS OF VEHICLES

Name (Last, First & Middle)	Date of Birth	State Issuing License	Driver's License Number(s)	Class(es)	Expiration Date

Tax ID or SSN: _____

Page _____ of Pages _____

SCHEDULE D -- VEHICLES

Type of Vehicle	Manufacturer and Year of Manufacture	VIN Number	Registration Number	License Plate No. and State of Issuance

Tax ID or SSN: _____

Page _____ of Pages _____

CERTIFICATION

This certification must be completed by the applicant business and all of its principals before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A MARKET BUSINESS REGISTRATION, THEREBY PRECLUDING THE APPLICANT FROM OPERATING IN THE CITY’S PUBLIC WHOLESALE MARKETS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____ being duly sworn, state: that I am
(Full Name)

_____ of _____ ; and
(Title/Position) (Applicant Name)

I have read and understood the questions contained in the attached application and its attachments, which consists of _____ pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a market business registration to operate in the City’s public wholesale markets.

(Signature of Applicant’s Principal)

By: _____
(If corporation or partnership, state title)

Sworn to before me

this _____ day of _____, 20_____

Notary Public

Tax ID or SSN: _____

Page _____ of Pages _____

RELEASE AUTHORIZATION FOR APPLICANT

I, _____, am the _____ and a principal of _____
(Print Name) (Title/Position) _____ (the "Applicant"); I am over the
age of 18 and I have the authority to execute this release on behalf of the applicant.

The applicant has authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into its background and the background of its principals, affiliates, agents and employees for the purpose of determining whether the applicant meets the registration standards set forth in Local Law 28 of 1997 and Local Law 50 of 1997 of the City of New York.

The applicant hereby authorizes any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant and/or its principals, affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

The applicant hereby authorizes the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or fax of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, the applicant hereby waives the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION: The applicant hereby waives any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification

Sworn to before me

This _____ day of _____, 20 ____

Notary Public

(Signature of Applicant's Principal)

By:

(If corporation or partnership, state title)

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Page _____ of Pages _____

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Page _____ of Pages _____

MARKETS APPLICATION CHECKLIST

*We have created a checklist to help you make sure that
Your application is complete before you submit it.*

- | | |
|---|---|
| <input type="checkbox"/> Did you answer every question completely? We do not accept applications with questions left blank or with “same” written to repeat an answer. | <input type="checkbox"/> Is there a completed Certification and Release Authorization form signed and notarized by <u>each Principal</u> ? |
| <input type="checkbox"/> Principal Information Form needed for every new Principal listed. | <input type="checkbox"/> Did you include payment for all appropriate fees? |

Renewal Applications:

New Applications:

- | | |
|--|---|
| <input type="checkbox"/> Certificate of General Liability Insurance | <input type="checkbox"/> Did you include a copy of your Certificate of Incorporation, Filing Receipt or Business Certificate filed with your County Clerk? If your business is incorporated or registered outside of New York State, an Authority to do Business in New York State Certificate must also be submitted. |
| <input type="checkbox"/> Certificate of Worker’s Compensation Insurance or Exemption from Worker’s Compensation Insurance | <input type="checkbox"/> If applicable, documents related to: <ul style="list-style-type: none">○ Purchase and Sales Agreements○ Contested tax proceedings○ Forfeiture, receivership or independent monitoring |
| <input type="checkbox"/> Copy of your Lease or Sublease Agreement | <input type="checkbox"/> For corporations, limited liability corporations and partnerships: <ul style="list-style-type: none">○ Did you include a copy of your Corporate or Partnership Tax Return Form (i.e. 1120 form, 1120-S form)?○ Sole proprietorship include copy of your tax return |
| | <input type="checkbox"/> Copy of your Lease or Sublease Agreement (if applicable) |

*** All Checks or money orders must be made payable to “NYC Business Integrity Commission”.
Checks must be in the company’s name and signed by a Principal of the applicant business***

ALL MAJOR CREDIT CARDS ACCEPTED

New York City Business Integrity Commission
100 Church Street, 20th Floor, New York, NY 10007

Questions? Call us at 212-437-0555

Rev. 05/24/17