

## **INSTRUCTIONS**

## TRADE ASSOCIATION REGISTRATION APPLICATION

Definitions of terms used in the application are set forth in Title 22, Chapters 1-A and 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 trade association registration. 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 to the following:

- Trade Association Registration Application
- Notarized Certification (signed by an officer)
- Notarized Release (signed by an officer)
- Documents relating to any forfeiture, receivership or independent monitoring
- Trade Association Officer Registration Disclosure Form (for each officer of the trade association) \$600.00 disclosure fee.
- Payment by credit card, 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.

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

• Sign a Registration Order

All applications may be submitted in person or mailed to:
 NYC Business Integrity Commission
 100 Church Street, 20<sup>th</sup> Floor
 New York, 10007

If you have any questions about this application, please call 212-676-6222.

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<sup>&</sup>lt;sup>1</sup> Effective Monday, December 2, 2013, due to City-wide policy, all credit card and debit card transactions will be charged a fee of 2.49% of the payment amount.

### TRADE ASSOCIATION REGISTRATION APPLICATION

Each page submitted by the applicant must contain in the lower left hand comer 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, a notarized certification form and a notarized release form must be executed. Officers of the applicant business must separately provide the Officer Registration Disclosures as noted below.

#### TRADE ASSOCIATION OFFICER INFORMATION DISCLOSURES

Each officer, as that term is defined, must complete an officer information form and the notarized certification attached to the Trade Association Officer Registration Disclosure Form (in addition to the notarized certification for the license application itself).

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# TRADE ASSOCIATION REGISTRATION APPLICATION

OFFIG	CE USE ONLY	
APPLICATION #: DATE RECEIVED:		
	RECEIVED BY:	
*1. Name of the applicant trade association:		
*2. Main Office:		
*3. Mailing Address:		
*4. Business telephone number(s):	Fax Number:	
*5. E-Mail Address:	Website, if any:	
	a City. State the name, address, and telephone number of the person signated as Applicant's agency for service of process in New York	
Name:		
Address:		
Telephone No.:	Fax Number:	
	oplicant trade association's By-Laws and Rules as well as a copy vernmental agencies such as the Secretary of State or County	
	e application. Any material change in the information shall be in a notarized writing, within ten (10) calendar days thereof.	
Tax ID or SSN:		
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telephone lines) with any other busing Yes No	ness of organization:	
If "Yes," provide details below:		
*9. On Schedule A below, identify following information.	all current officers, including Bo	ard members. For each individual, provide
SCHEDULE A – CURRENT OFF	FICERS OF THE APPLICANT	Γ
	Current Officer #1	Current Officer #2
Name (first, middle and last) Also include maiden name where applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Employer's Name, Address and Telephone Number		

Tax ID or SSN:		
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Page	of	Pages

## 9. Cont. SCHEDULE A – CURRENT OFFICERS OF THE APPLICANT

	Current Officer #3	Current Officer #4
Name (first, middle and last) Also include maiden name where applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Employer's Name, Address and Telephone Number		
Position in Trade Association		
From (date) to (date)		

 Tax ID or SSN: \_\_\_\_\_\_

 Page \_\_\_\_\_\_ of \_\_\_\_\_
 Pages

# 9. Cont. SCHEDULE A – CURRENT OFFICERS OF THE APPLICANT

	Current Officer #5	Current Officer #6
Name (first, middle and last) Also include maiden name where applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Employer's Name, Address and Telephone Number		
Position in Trade Association		
From (date) to (date)		

Tax ID or SSN: \_\_\_\_\_\_ Pages

10. On Schedule B below, identify all individuals who had been officers, including past Board members, of the applicant trade association at any point during the past ten (10) years. For each individual, provide the following information.

SCHEDULE B - PAST OFFICERS OF THE APPLICANT

SCHEDULE B - FAST OFFICERS OF THE AFFLICANT			
	Past Officer #1	Past Officer #2	
Name (first, middle and last)			
Also include maiden name where			
Applicable			
Home Address (es)			
Home Telephone Number			
Cellular Number			
E-mail Address			
Date of Birth			
Social Security Number			
Business Name and Address			
Position Held			
From (date) to (date)			
Reason for Leaving			

Tax ID or SSN:			
Page	of	Pages	

## 10. Cont. SCHEDULE B – PAST OFFICERS OF THE APPLICANT

	Past Officer #3	Past Officer #4
Name (first, middle and last) Also include maiden name where Applicable	Tast Officer #3	Tast Officer #4
Home Address (es)		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Business Name and Address		
Position Held		
From (date) to (date)		
Reason for Leaving		

 Tax ID or SSN: \_\_\_\_\_\_\_

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Employee #2
Employee #2

Tax ID or	SSN:	
Page	of	Pages

## 12. Cont. SCHEDULE C – LIST OF EMPLOYEES

12. Cont. SCHEDULE C LIST OF	LIMI EOTEES	
	Employee #3	Employee #4
Name (first, middle and last) Also include maiden name where Applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
E-mail Address		
Date of Birth		
Social Security Number		
Title or Position and Brief Description of Duties		
Hours Worked Per Week		
Employment Start Date		
Salary		
Does employee or any of his or her relatives any ownership or control over any businesses operating in the public wholesale market? If so, identify the business.		

Tax ID of	: SSN:	
Page	of	Pages

\*13. **Members of the Applicant Trade Association.** List all members of the applicant trade association and provide the following information:

provide the following information:  Member Name	Member Address	Member Telephone No.
		•
	1	

Tax ID	or SSN:	
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13. Cont. Members of the Applicant Trade Association

Member Name Member Address Member Telephone No.

Tax ID or S	SSN:	
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If "Yes," provide the Jame	details below.  Date of	Date of	Indictment	Charges and	Court and
vame	Arrest	Conviction	No.	Sentence	Jurisdiction
ficer, including past B Yes N  If "Yes," provide the	oard member, in a lood	any jurisdiction	?		
fficer, including past B Yes N  If "Yes," provide the	oard member, in a			applicant trade ass	Ociation or any past  Court and Jurisdiction
	oard member, in a lo	Indictment	?		Court and
fficer, including past B Yes N  If "Yes," provide the	oard member, in a lo	Indictment	?		Court and
fficer, including past B Yes N  If "Yes," provide the	oard member, in a lo	Indictment	?		Court and
fficer, including past B Yes N  If "Yes," provide the	oard member, in a lo	Indictment	?		Court and
fficer, including past B Yes N  If "Yes," provide the	oard member, in a lo	Indictment	?		Court and
fficer, including past B Yes N  If "Yes," provide the	oard member, in a lo	Indictment	?		Court and
fficer, including past B Yes N  If "Yes," provide the	oard member, in a lo	Indictment	?		Court and

Tax ID or SSN	I:				
Dogo	of	Dogge			

*16. Are there any cive member, in any jurisdiction Yes	iction?	gainst the applicant trade ass	sociation or any pa	ast officer, inc	luding Board
If "Yes," provide the o	details below.				
Name of Trade Association	Docket or Case No. and Date	Charge	Status	Court and	d Jurisdiction
a. been the subject agency, investigative a gency, investigative a yes	et, party, or target of agency, regulatory ag No	to testify before any court, g	gation by a federa grand jury, or legis connection with a	l, state or loca slative, civil, c	l prosecutorial riminal or
If you answered "Yes' Name	'to any of the question Name and Address of Court or Agency	ons 18(a)-(c) above, provide Nature of Proceedings or Investigation	Name and Position of Person Who Provided	Date on Which Testimony was Given	Date of Investigation
			Testimony		
		<u> </u>	1		<u> </u>

Page \_\_\_\_\_ of \_\_\_\_ Pages

Tax ID or SSN: \_\_\_\_\_

18 During the past fix	ve (5) years has the a	pplicant or any past officer,	including past Ro	ard member:	
	contempt of any cour	t, grand jury, or legislative,			body?
	of <u>nolo contendere,</u> jo e subject of a default	udicial consent decree, admidecree?	inistrative order or	n consent or si	milar
c. been subject to Yes		judicial action or proceeding	ıg ?		
d. been granted in Yes		eution for any conduct const	ituting a crime und	der state for fe	ederal law?
e. refused to testin		stion in any criminal, civil o	or administrative p	roceeding?	
license, permit or regis	stration or a fine, pen No	harges for which the potentialty or settlement of \$5,000	or more?		evocation of a
If you answered "Yes" Name	Name and Address of Court or Agency	ons 19(a)-(f) above, provide  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:	
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	ant trade association or any owingly permitted to occu	y past officer, including part any of the following:	ast Board membe	er, ever engage	ed in, or under
	tained a false statement or	mitted to a government emr r false information?	nployee, in any ji	urisdiction, an	y document
b. falsified the r	ecords of any business or No	enterprise of any kind?			
	to any of his or her officia	other benefit to a public sal acts, duties or decisions?		nt to influence	that public
	l or employee to engage i	er benefit to an official or n unethical or illegal busir		rivate busines	s with intent
	to any of his or her officia	other benefit to a labor of al acts, duties or decisions			that labor
-	(c) of the Taft-Hartley A	labor union or labor offici ct, 29 U.S.C. Section 1869	-	ive that was no	ot expressly
If you answered "Ye	s" to any of the questions	20(a)-(f) above, provide the	he following det	ails.	
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 S	SSN:	
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	ed "Yes," prov				L. P. donner D. d	Ct -t
Name	Agenc	y or Court	Nature of Investigation Charges	on or	Indictment, Dock or Index No.	et, Status
			· ·		- I	
						,
member, beer Yes	subject to the No	appointment			on or any past office monitor, receiver or	er, including past Board trustee?
member, beer Yes  If "Yes," prov	subject to the	appointment ation below.	of an independent	ent auditor,  Nature o	monitor, receiver or	trustee?  Dates of Audit,
member, beer Yes  If "Yes," prov	subject to the No	appointment appointment appointment	of an independent	Nature of Monitors	monitor, receiver or of Audit, ship, Receivership	Dates of Audit, Monitorship, Receivership
member, beer Yes  If "Yes," prov	subject to the No	nation below.  Name and A Auditor, Mo	of an independent	ent auditor,  Nature o	monitor, receiver or of Audit, ship, Receivership	trustee?  Dates of Audit,
member, beer Yes  If "Yes," prov	subject to the No	nation below.  Name and A Auditor, Mo	of an independent	Nature of Monitors	monitor, receiver or of Audit, ship, Receivership	Dates of Audit, Monitorship, Receivership
member, beer Yes  If "Yes," prov	subject to the No	nation below.  Name and A Auditor, Mo	of an independent	Nature of Monitors	monitor, receiver or of Audit, ship, Receivership	Dates of Audit, Monitorship, Receiversh
member, beer Yes  If "Yes," prov	subject to the No	nation below.  Name and A Auditor, Mo	of an independent	Nature of Monitors	monitor, receiver or of Audit, ship, Receivership	Dates of Audit, Monitorship, Receiversh
member, beer Yes	subject to the No	nation below.  Name and A Auditor, Mo	of an independent	Nature of Monitors	monitor, receiver or of Audit, ship, Receivership	Dates of Audit, Monitorship, Receivership

rax iD or	22N:	
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## **CERTIFICATION**

This certification must be completed by the applicant and all of its current officers 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 TRADE ASSOCIATION REGISTRATION, THEREBY PRECLUDING THE APPLICANT FROM OPERATING AS A TRADE ASSOCIATION 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)		; and (Applicant Name)
pages; and to the best of my knowled attachment is full, complete and truthful; that the City Department of Investigation may, by any mea and truth of the statements made in this application	lge the inf New York ans they or n; and that	ached application and its attachments, which consists of cormation given in response to each question and in the City Business Integrity Commission and the New York each of them deem appropriate, determine the accuracy all the information submitted is for the express purpose applicant a trade association registration to operate in the
		(Signature of Applicant)
	By:	
	By.	(If corporation or partnership, state title)
Sworn to before me		
this, 20		
	_	
Notary Public		

Tax ID or SSN: \_\_\_\_\_

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## **RELEASE AUTHORIZATION FOR APPLICANT**

I,	, am the		and a principal of
(Print Name)		(Title/Position)	e "Applicant"); I am over th
age of 21 and I have the authority to execute	e this release on behalf of		Applicant ), I am over the
The applicant has authorized the New York into its background and the background of whether the applicant meets the registration of New York.	of its principals, affiliates	s, agents and employees for	or the purpose of determining
The applicant hereby authorizes any and all and all information, documentary or otherw as may be requested by the Commission.  representative of the Commission.	vise, pertaining to the appli	icant and/or its principals, a	affiliates, agents and employee
The applicant hereby authorizes the releast agency, any private organization or entity, and individuals include, but are not limited reporting companies, data systems managed of the applicant, employers of the applicant investment firms, labor unions, law enfort probation departments, selective service boots	and/or any individual in hed to, accountants, attorned ement companies, education at's principal(s), financial in treement agencies, media	is or her personal or profeseys, banks, bookkeepers, conal institutions, employee nstitutions, internet service companies, motor vehicle	ssional capacity. These entities ommon carriers, courts, credit benefits managers, employees providers, investigative firms de departments, pension funds
This release shall apply to any such entities York, State of New York, or United State means requested by the Commission, wheth	es of America. They may	convey information in w	hatever form and by whateve
This release authorization is effective for authorization will be construed as valid as t			v. A photocopy or fax of thi
In connection with the release of informat confidentiality agreement and of any privile federal, state or local law.			
NOTICE TO ENTITIES AND INDIVID be notified when an entity or individual Commission to direct any such entity or individual	l releases information pu	irsuant to this authorization	
Sworn to before me	_		· · · · · · · · · · · · · · · · · · ·
This day of, 20		(Signature of Appli	cant)
•	Ву: _	(If a manufication and	partnership, state title)
Notary Public		(If corporation or p	partnership, state title)
Tax ID or SSN:			17

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# MARKETS APPLICATION CHECKLIST

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

Tour application is complete before you submit it.					
Did you answer every question completely? We do not accept applications with questions left blank or with "same" written to repeat an answer.	Is there a completed <b>Certification and Release Authorization form</b> signed and notarized by <u>each</u> <u>Principal?</u>				
☐ <b>Principal Information Form</b> needed for every new Principal listed.	☐ Did you include payment for all appropriate fees?				
Renewal Applications:	New Applications:				
☐ Certificate of General Liability Insurance	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.				
☐ Certificate of Worker's Compensation Insurance or Exemption from Worker's Compensation Insurance	<ul> <li>☐ If applicable, documents related to:</li> <li>○ Purchase and Sales Agreements</li> <li>○ Contested tax proceedings</li> <li>○ Forfeiture, receivership or independent monitoring</li> </ul>				
☐ Copy of your Lease or Sublease Agreement	<ul> <li>□ For corporations, limited liability corporations and partnerships:</li> <li>○ Did you include a copy of your Corporate or Partnership Tax Return Form         <ul> <li>(i.e. 1120 form, 1120-S form)?</li> </ul> </li> <li>○ Sole proprietorship include copy of your tax return</li> </ul>				
	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, 20<sup>th</sup> Floor, New York, NY 10007

Questions? Call us at 212-676-6219