

# **BASIC LICENSE APPLICATION**

Please print responses in all applicable Sections.

Is your Business a sole proprietorship or do you have an individual general partner?

- If YES, complete Sections 1, 2, and 4.
- If NO, complete Sections 1, 3, and 4.

## Section 1 - All applicants

What is your Business's	legal structure?				
☐ General Partnership ☐ Corporation ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Sole Proprietorship					
<b>Business Informatio</b>	n				
Business Name (Must be exactly as filed with	the New York State Sec	retary of Stat	te or County	Clerk.)	
Doing-Business-As (DI (Must be exactly as filed with		cretary of Stat	te or County	Clerk. Only one trade name allowed.)	
Address Where You O	perate Your Busines	SS (Building I	Number, Stre	et Name, Apartment/Suite/Other)	
City	State	ZIP Code Country/Region (if outside USA)			
Phone 1 (Primary)			Phone 2	(Alternate)	
( )			( )		
PLEASE READ BEFORE ENTERING EMAIL – Official Notices from the Department of Consumer and Worker Protection (DCWP)  Official notices from DCWP may include license renewal applications; notices of license suspension, revocation, or denial; requests for additional application information; summonses and hearing petitions; information about fines and penalties, including settlement notices; and notices about changes in the laws and rules.  If you enter Email*:  DCWP may send certain official notices to your email address instead of Address Where You Operate Your Business or Contact Mailing Address, if provided.  By providing your email address, you affirm that it is a reliable form of communication and you will update DCWP of any change within 10 days of the change.  If you do NOT enter Email:  DCWP will send official notices to Address Where You Operate Your Business or Contact Mailing Address, if provided.  *Applicants for the Process Serving Agency license must enter Email.  Email					
Email					
i—————————————————————————————————————					

Employer Identification Number (EIN)	New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number
	or
Required for sole proprietorships with paid employees; corporations; and partnerships.	Required if "Sales Tax Identification Number" is a requirement on your license application checklist.
	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.

#### **Contact Mailing Address**

Only complete this box if you do NOT want DCWP to use Business Email or Address to send official notices.

Complete these fields to send notic	es to the atte	ention of an	ndividual:	
First Name	Middle Nan	ୀ <b>ଓ</b> (optional)	Last Name	
Title/Position				
Complete this field to send notices	to the attenti	on of a depa	rtment:	
Department				
Mailing Address (Building Number, Street	et Name, Apartı	ment/Suite/Oth	er)	
City	State	ZIP Code	Country/R	egion (if outside USA)

### Section 2 - Sole Proprietors and Individual General Partners

You must provide information on all individual general partners, if applicable.

#### **Child Support Certification and Request for Personal Information**

Under General Obligations Law Section 3-503(2), sole proprietors and individual general partners must provide Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) so the City of New York can confirm whether they have outstanding child support obligations. Important:

If individuals are four months or more behind in child support or have failed to comply with a summons, subpoena, or warrant relating to a paternity or child support proceeding, they may be subject to suspension of a business, professional, driver, and/or recreational license(s) and permit(s) including, but not limited to, licenses issued under Section 11-0713 of the Environmental Conservation Law.

Under the NYC Charter and Administrative Code, the City also requests SSNs or ITINs to maintain and update City databases and to carry out the powers and duties of the Department.

Attach additional sheets if there are more than two individual general partners.

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

Last Name	Suffix	(Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)			
Social Security Number			Date of Birth (YYYY-MM-DD)				
Individual Taxpayer Ide							
Home Address (Building Number, Street Name, Apartment/Suite/Other)							
City	State	ZIP Code	n (if outside USA)				
Is Individual #1 under an obligation to pay child support? ☐ Yes ☐ No							
If Yes, Individual #1 m	ust answer <u>A</u>	<u>L</u> questions below.					
Does Individual #1	owe four or r	nore months of child	support payments?	☐ Yes ☐ No			
		port payments by in	come execution or c e parties?	ourt □ Yes □ No			
Are Individual #1's proceeding?	child support	obligations the subj	ect of a pending	□ Yes □ No			
Did Individual #1 ro Income?	Did Individual #1 receive public assistance or Supplemental Security ☐ Yes ☐ No Income?						
Individual #2 (Individu	al General P	artner #2\					
Last Name		(Jr., Sr., Esq.) (optional,	First Name	Middle Name (optional)			
Social Security Number Individual Taxpayer Ide			ate of Birth (YYYY-N	IM-DD)			
Home Address (Building	Number, Street	Name, Apartment/Suite/0	Other)				
City	State	ZIP Code	Country/Regio	n (if outside USA)			
Is Individual #2 under	Is Individual #2 under an obligation to pay child support? ☐ Yes ☐ No						
If Yes, Individual #2 must answer ALL questions below.							
Does Individual #2 owe four or more months of child support payments? ☐ Yes ☐ No							
	Is Individual #2 making child support payments by income execution or court ☐ Yes ☐ No approved payment plan or by a plan agreed to by the parties?						
Are Individual #2's proceeding?	child support	obligations the subj	ect of a pending	□ Yes □ No			
Did Individual #2 receive public assistance or Supplemental Security ☐ Yes ☐ No Income?							

## Section 3 - Partnerships, Corporate Officers, Shareholders, Members

You must provide information on all business general partners (not individual general partners), all corporate officers, and each shareholder owning 10% or more of the business applying for a license.

Note: Limited Liability Companies must provide information on all members. Nonprofits must provide information on all officers and all Board of Directors members.

### Attach additional sheets if necessary.

	Suffix ( Jr., Sr., Esq.) (optional)		First N	First Name		Middle Name (optiona
Title/Position (Check one box only.)		rector ficer areholder esident irporate Secretary		☐ Treasurer ☐ Trustee ☐ Vice President ☐ Partner ☐ Member ☐ Other		% of Ownership
Home Address (Building	ı Number, Street Name		e/Other)			
City	State	ZIP Code		Countr	y/Region (if a	outside USA)
dividual #2 (General		orate Officer  Esq.) (optional)	#2, Sha		r #2, Membe	er #2)  Middle Name (option
Fitle/Position Check one box only.)	☐ Chairman ☐ Director ☐ Officer ☐ Shareholder ☐ President ☐ Corporate Secretary		☐ Treasurer ☐ Trustee ☐ Vice President ☐ Partner ☐ Member ☐ Other		t	% of Ownership
				•		
Home Address (Building	g rvarribor, Otroct rvarri	, , , , , and	-,,			
	State	ZIP Code		Countr	y/Region (if c	outside USA)
Home Address (Building City  usiness #1 – Only co	State	ZIP Code	,			·
City usiness #1 – Only co Business Name	State emplete if a share	ZIP Code	,		icant is and	other business.
City usiness #1 – Only co Business Name	State emplete if a share	ZIP Code	,		icant is and	·
City usiness #1 – Only co	State    State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State	ZIP Code	rtner of t		icant is and	other business.

## Business #2 – Only complete if another shareholder or partner of the applicant is another business.

Bus	iness Name					
Emp	ployer Identification Number (EIN)					% of Ownership
 Mai	ling Address (Building Number, Street I	Name Apartment/S	uite/∩ther)			
iviai	ing rear 500 (Banaing reambor, Stroot r	vamo, riparanone o	uno, ouror,			
City	,	State ZIP Code Country/Re				y/Region (if outside USA)
Pleas	tion 4 – All applicants se answer Background Questions					
	pplication. Note: "DCWP" means I sumer Affairs.	Department of C	onsumer and	i Worke	r Prot	ection AND Department of
Attac	ch additional sheets if necessar	y.				
Bacl	kground Questions					
1.	Has any individual/business ever	been licensed b	y DCWP?	□ Yes	s 🗆 I	No
	If Yes, provide the following in		nse Number: vidual Name:			
2.	Has any individual/business ever DCWP-licensed business? *officer/shareholder owning 10% or more/		of a	□ Yes	s 🗆 I	No
	If Yes, provide the following in		nse Number: vidual Name:			
3.	Has any individual/business had a license*/permit suspended, voided denied within the last five years? *This does NOT include driver's licenses.	•		□ Yes	s 🗆 I	No
	If Yes, provide the following in					

4.	Are there any unrescindividual/business? *charges filed by a govern	_			IYes [	⊒ No	
	If Yes, provide the	ne following inforn	nation:				
N	ame and Location of	Court Case	Index Number		Gover	nment A	gency
	Attach additional	sheets if necessa	ary.				
5.	Has any individual/bu agreement with a go of a court judgment in agency within the las	vernment agency n a matter brough	or been the subject		I Yes [	□ No	
			nt or settlement agre ule agreed upon by			een paid i	n full for 30 days
6.	Do you prefer that bu language other than	English?	s be conducted in a	С	l Yes [	□ No	
	If Yes, select on	е.					
		□ French	☐ Hindi	□ Poli			ietnamese
	3	☐ French-Creole☐ Haitian Creole☐	<ul><li>□ Italian</li><li>□ Korean</li></ul>	Rus		_	Other se specify:
		☐ Hebrew	☐ Mandarin	□ Spa □ Urd			
Ho	ou are applying for ome Improvement (ease answer quest	Contractor, Ped			_		
7.	Is any individual relation a current or formed DCWP-licensed busing *officer/shareholder ownir*	r DCWP licensee ness?	or principal* of a	С	l Yes	□ No	
	If Yes, provide the	ne following inform	nation:				
		F	Relationship to Appli	cant:			
			Relative First N	ame:			
			Relative Middle Na	-			
			Relative Last N	-			
			Relative S	-			
			DCWP License Nun usiness/Individual N				

PREPARER'S STATEMENT – Please check the box if the statement applies to you
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FF	PREPARER 3 STATEMENT - Please chec	k the box ii the statement applies to you.
	☐ I am not the license applicant. I am an authorized submit a Granting Authority to Act Affirmation	
	Note: The applicant must sign all required docume	ents.
ΑF	AFFIRMATION – Please read and sign.	
sha	am authorized (e.g., owner, sole proprietor, general pshareholder owning 10% or more of the business) to cattachments (together, the "Application").	
I ha	have reviewed the entire Application.	
teri cha	f any of the information in this Application changes wherm, the applicant must inform the Department of Conchanges within 10 days of the change. I also understated a license to operate.	
	understand that DCWP has not yet considered this A per written permission from DCWP to operate is illegal.	pplication and that operating before receiving a license
pur		se statement or submitting fraudulent materials may be ay result in the denial of your application or revocation
Un	Under Section 175.35 of the New York Penal Law, you	u may be:
	<ul> <li>fined up to \$5000 or</li> <li>fined an amount that is twice the amount of m and / or</li> <li>sent to jail for up to 4 years</li> </ul>	oney you received by making the false statement
Pu	Punishment may also include but not be limited to fine	s or penalties of up to \$500 for each false statement.
	f DCWP denies your license application due to false sorohibit you from submitting another license application	·
•	By signing below, I understand and agree that I am sw Application.	vearing or affirming that I have told the truth on this
Sig	Signature of License Applicant Print	Title/Position (if any)
Prir	Print Full Name Date	
If y	f you are not registered to vote, would you like to	register here today? □ YES □ NO
Wh	Whether you apply to register to vote or not, it will not f you wish, we will help you in filling out the voter regi	affect the assistance DCWP will provide to you.