



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 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

Business Name (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)			
Doing-Business-As (DBA)/Trade Name (The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)			
Premises Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region
Email (By providing your email address, you consent to receive communications electronically from the Department of Consumer and Worker Protection (DCWP), and you affirm that the email listed is a reliable form of communication for you.)			
Phone 1 (Primary) ()	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) □ □ - □ □ □ □ □ □ □ □		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number (You must complete this section if “Sales Tax Identification Number” is a requirement on your license application checklist.) 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. □ □ □ □ □ □ □ □ □ - □ - □ or □ □ □ □ □ □ □ □	

Contact Mailing Information

If you want DCWP 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	Middle Name <i>(optional)</i>	Last Name	
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 type="checkbox"/> Other. <i>Please specify.</i>	
Mailing Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region

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	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?

Yes No

If **Yes**, Individual #1 must answer **ALL** questions below.

- Does the individual owe four or more months of child support payments? Yes No
- 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
- Are the individual's child support obligations the subject of a pending proceeding? Yes No
- Did the individual receive public assistance or Supplemental Security Income? Yes No

Individual #2 (Individual General Partner #2)

If there are more than two individual general partners, please attach additional sheets.

Last Name		Suffix (<i>Jr., Sr., Esq.</i>) (optional)		First Name		Middle Name (optional)	
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □				Date of Birth (YYYY-MM-DD) □ □ □ □ - □ □ - □ □			
Home Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)							
City		State		ZIP Code		Country/Region	

Is Individual #2 under an obligation to pay child support?

Yes No

If Yes, Individual #2 must answer **ALL** questions below.

- 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

PERMISSION

If applicable, Individual #1 can answer on behalf of all Individual General Partners. Under the NYC Charter and Administrative Code, the City requests SSN or ITIN to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare.

Do individuals give the City of New York permission to use SSN or ITIN for the purposes described above?

Yes No

Section 3 – Business General Partners, Corporate Officers, Shareholders, and Members

You must provide information on *all* business general partners and *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. Non-Profits must provide information on *all* officers and *all* Board of Directors members. **Attach additional sheets if necessary.**

Important: If the partner or shareholder is a business (rather than an individual), DCWP will verify active status prior to license issuance. Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the New York State Department of State.

Business General Partners, Corporate Officers, Shareholders, and Members**Individual #1**

Last Name		Suffix (Jr., Sr., Esq.) (optional)		First Name		Middle Name (optional)	
Title/Position (Check one box only.)		<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 type="checkbox"/> Other			
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□				% of Ownership			
Home Address (Building Number, Street Name, Apartment/Suite/Other)							
City		State	ZIP Code		Country/Region		

Individual #2

Last Name		Suffix (Jr., Sr., Esq.) (optional)		First Name		Middle Name (optional)	
Title/Position (Check one box only.)		<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 type="checkbox"/> Other			
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□				% of Ownership			
Home Address (Building Number, Street Name, Apartment/Suite/Other)							
City		State	ZIP Code		Country/Region		

Business #1

Business Name							
Employer Identification Number (EIN) □□□-□□□□□□□□						% of Ownership	
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)							
City		State	ZIP Code	Country/Region		Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC	

Business #2

Business Name				
Employer Identification Number (EIN) <div style="display: flex; justify-content: space-between; align-items: center;"> □ □ - □ □ □ □ □ □ □ □ </div>				% of Ownership
Mailing Address <i>(Building Number, Street Name, Apartment/ Suite/Other)</i>				
City	State	ZIP Code	Country/Region	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC

Section 4: Applicant Background Questions – All applicants

Please answer **Background Questions** on behalf of all individuals named on the application. "Individual" refers to sole proprietor; individual general partner; corporate officer; shareholder owning 10% or more of the business; member; officer; Board of Directors member. **Attach additional sheets if necessary.**

- Some background questions inquire about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your license may be denied if you fail to disclose a conviction in response to the questions.
- Descriptions for questions relating to charges should include date of conviction, nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

1. Has individual ever been licensed by the New York City Department of Consumer and Worker Protection (DCWP) (formerly Consumer Affairs, DCA)? Yes No

If YES, provide the following information.

DCWP License Number:

Business/Individual Name:

2. Has individual ever been principal (officer/shareholder/partner/member) of a DCWP-licensed business? Yes No

If YES, provide the following information.

DCWP License Number:

Business/Individual Name:

3. Has individual had ANY government-issued license/permit denied, suspended, or revoked? Yes No

If YES, provide the following information:

License/Permit Type:

Government License/Permit Number:

Business/Individual Name:

4. Are there any pending charges against individual? Yes No

If YES, provide the following information:

Type: Civil (Court or Government Agency)
 Criminal

Please explain.

5. Has individual ever pled guilty or been convicted of ANY crime or offense? Yes No

If YES, please explain.

6. Is there any court judgment against individual or individual's business? Yes No

If YES, please explain and state if any judgment has not been paid in full for 30 days or more.

7. Does individual prefer that business inspections be in a language other than English? Yes No

If Yes, select one.

- | | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Hindi | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> French-Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian | <input type="checkbox"/> Other. Please specify: |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | _____ |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu | |

If you are applying for a Tobacco Retail Dealer, Electronic Cigarette Retail Dealer, Home Improvement Contractor, Pedicab Business, Special Sale, or Tow Truck Company license, please answer question #8.

8. Is individual related by blood or marriage to a DCWP licensee or principal (officer/shareholder/partner/member) of a DCWP-licensed business? Yes No

If YES, provide the following information:

Relationship to Applicant:	
Relative First Name:	
Relative Middle Name:	
Relative Last Name:	
Relative Suffix:	
DCWP License Number:	
Business/Individual Name:	

PREPARER’S STATEMENT – Please check the box if the statement applies to you.

I am not the license applicant. I am an authorized representative for the license applicant, and **I will submit a Granting Authority to Act Affirmation completed by the license applicant.**

Note: The applicant must sign all required documents.

AFFIRMATION – Please read and sign below.

I am authorized to complete and submit this application and all attachments (together, the "Application"). I have reviewed the entire Application. To the best of my knowledge, this Application is true, correct, and complete.

If any of the information in this Application changes, the applicant must inform the Department of Consumer and Worker Protection of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license to operate.

I understand that the Department of Consumer and Worker Protection has not yet considered this Application. The applicant will not operate the business until receipt of an actual license document from the Department of Consumer and Worker Protection or until / unless the Department of Consumer and Worker Protection has given written permission to operate while this Application is pending. This affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

I affirm that these statements are true and correct.

PENALTY FOR FALSE STATEMENTS: It is against the law to make a statement in this Application that you know is false. If you make a statement that you know is false, you may be punished.

Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:

- fined up to \$1000 and / or
- sent to jail for up to one year

Under Section 175.35 of the New York Penal Law, you may be punished if you:

- make a statement that you know is false and / or
- make the statement because you intend to mislead the Department of Consumer and Worker Protection

Under Section 175.35 of the New York Penal Law, you may be:

- fined up to \$5000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

The Department of Consumer and Worker Protection may also punish you for making a false statement on this Application. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license

By signing below, I understand and agree that:

- I am swearing or affirming that I have told the truth on this Application.

Signature of License Applicant

Print Title/Position (if any)

Print Full Name

Date

If you are not registered to vote, would you like to register here today? YES NO
Whether you apply to register to vote or not, it will not affect the assistance DCA will provide to you. If you wish, we will help you in filling out the voter registration application.