



DEPARTMENT OF CONSUMER AND
WORKER PROTECTION (DCWP)
LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004

NYC SMALL BUSINESS
SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

By Appointment Only Hours:

Tuesday, Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

PROCESS SERVING AGENCY BACKGROUND INFORMATION FORM

Process Serving Agency: <i>(Name of License Applicant)</i>	
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Please answer the questions on this form on behalf of all individuals named on the application (i.e., sole proprietors, general partners, corporate officers, principals, directors, members, and all shareholders owning 10% or more of company stock). Attach additional papers as necessary.

1. Has any individual ever held a license or permit issued by the federal, Yes No state, or local government?

If **Yes**, please complete the information below.

Name of Individual	Government Level <i>(federal, state, or local)</i>	Type of License or Permit	License or Permit Number

2. Has any individual ever had a license or permit denied, suspended, Yes No or revoked?

If **Yes**, please complete the information below.

Name of Individual	Government Level <i>(federal, state, or local)</i>	Type of License or Permit	License or Permit Number	Action Taken on License



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3. Has any individual ever had the renewal of a license or permit denied? Yes No

If **Yes**, please complete the information below.

Name of Individual	Government Level (federal, state, or local)	Type of License or Permit	License or Permit Number

4. Has any individual ever operated as a process server under another name? Yes No

If **Yes**, provide other names and the dates when they were used below.

Other Names Used	Dates Used

5. Does any individual have authorization to act as a Notary Public or Commissioner of Deeds? Yes No

If **Yes**, complete the information below.

Name of Individual	Type of Authorization (Check one.)
	<input type="checkbox"/> Notary Public <input type="checkbox"/> Commissioner of Deeds
	<input type="checkbox"/> Notary Public <input type="checkbox"/> Commissioner of Deeds
	<input type="checkbox"/> Notary Public <input type="checkbox"/> Commissioner of Deeds



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6. Does any individual have any type of business at a location that is different from the business address listed on the license application? [] Yes [] No

If Yes, provide the information below.

Table with 4 columns: Name of Individual, Type of Business, Business Name and Address, Business Telephone. It contains three empty rows for data entry.

7. Is any individual employed by the City of New York? [] Yes [] No

By signing below, I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Print Name

Print Position/Title, if any

Date

Updated 07/20/2021