



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.

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SIGHTSEEING BUS – BUS STOP AFFIRMATION

Table with 2 columns and 3 rows: Legal Name of Business (Applicant), Business's Trade or Doing-Business-As (DBA) Name, if applicable, Business Address.

I affirm the following:

- checkbox The Sightseeing Bus Company named above has written authorization from the NYC Department of Transportation (NYC DOT) for all designated on-street bus stops where it picks up and drops off passengers.

If you checked this box, you must:

- checkbox Enter number of approved spots: \_\_\_\_\_ AND checkbox Provide a copy of the NYC DOT permit for each approved stop.

OR

- checkbox The Sightseeing Bus Company named above does not have written authorization from NYC DOT because the company does not require designated on-street bus stops for its operations. The company:

- checkbox Picks up or drops off passengers at various locations in the city.

If you checked this box, you must provide a list of all passenger pick-up and drop-off locations. See Section A: List of Locations Where Company Picks Up and Drops Off Passengers.

OR

- checkbox Does not pick up or drop off passengers at various locations in the city.

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

Signature

Print Name

Print Title/Position (if any)

Date



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# Section A: List of Locations Where Company Picks Up and Drops Off Passengers

Please attach additional sheets if necessary.

	Location	Type of Location
1		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
2		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
3		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
4		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
5		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
6		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
7		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
8		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
9		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off
10		<input type="checkbox"/> Pick-up <input type="checkbox"/> Drop-off