

Doing Business Data Form

						_
To be completed by the Cit	ty agency prior to distribution	Agency	Т	ransaction ID		
Check One	Transaction Type (check one)					
☐ Proposal ☐ Award	☐ Concession ☐ Economic	Development Agreement	☐ Franchise	☐ Grant ☐ Pension	on Investment Contract	☐ Contract
either type responses directly	for or proposing on an award or into this fillable form or print ans n is required for a proposal to b	wers by hand in black ink,	and be sure to fill	out the certification b	ox on the last page. Sub	mission of a
Data Form will be included in	mation to be provided on principa a public database of people who this form will be disclosed to the	do business with the City	of New York, as w	vill the organizations t	hat own 10% or more of	the enitity. No
	d Data Form to the City office to or 212-788-8104 with any que				y Project at	
Entity Information				If you are completing	g this form by hand, ple a	se print clearly.
Entity EIN/TIN	Entity Na	me				
Filing Status		(Select One)				
NEW: Data Forms submitted listing of organizations , as wor more ownership of the en of ownership is submitted the update form, a no change for	vell as individuals, with 10% tity. Until such certification rough a change, new or	 □ Entity has never completed a Doing Business Data Form. Fill out the entire form. □ Change from previous Data Form dated Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity. □ No Change from previous Data Form dated Skip to the bottom of the last page. 				
apaate form, a no change to	ini wiii not be accepted.	L No change nom pre	vious Buta i oiiii a		One to the bottom or t	io idsi page.
Entity is a Non-Profit	□ Yes □ No					
Entity Type	any type) □ Joint Venture □	LLC ☐ Partnership (any	type) 🗆 Sole Pr	oprietor	specify)	
Address						
City			State		Zip	
Phone	E-mail					
	hange Form and the person listed laced so his/her name can be rer O) or equivalent officer				hat the change became	
	er, such as the President, Executive Dire					
First Name	MI _	Last		Bir	th Date (mm/dd/yy)	
Office Title		Employer (if ne	ot employed by en	ntity)		
Home Address						
☐ This person replaced forme	er CEO			on	date	
Chief Financial Officer (CFO) or equivalent officer such as the Treasurer, Comptroller, Final	ncial Director or VP for Finance.			☐ This position	on does not exist
First Name	MI	Last		Bir	th Date (mm/dd/yy)	
Office Title		Employer (if n	ot employed by er	ntity)		
Home Address						
☐ This person replaced forme	er CFO			on	date	
Chief Operating Officer (CO The highest ranking operational office	O) or equivalent officer er, such as the Chief Planning Officer, Di	rector of Operations or VP for Op	perations.		☐ This position	on does not exist
First Name	MI _	Last		Bir	th Date (mm/dd/yy)	
Office Title		Employer (if n	ot employed by er	ntity)		
Home Address						
☐ This person replaced forme	er COO			on	date	

Principal Owners

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, **own or control** 10% or more of the entity. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed attach additional pages labeled "Additional Owners"

If more space is needed, attach addition	nal pages labeled "Additional Owners."	
There are no owners listed because (☐ The entity is not-for-profit	(select one): ☐ The entity is an individual	☐ No individual or organization owns 10% or more of the entity
Other (explain)		
Individual Owners (who own or contr	ol 10% or more of the entity)	
First Name	MI Last	Birth Date (mm/dd/yy)
Office Title	Emp	oloyer (if not employed by entity)
Home Address		
First Name	MI Last	Birth Date (mm/dd/yy)
Office Title	Emŗ	oloyer (if not employed by entity)
Home Address		
Organization Owners (that own or co	entrol 10% or more of the entity)	
Organization Name		
Organization Name		
Organization Name		
Remove the following previously-rep	orted Principal Owners	
Name		Removal Date
Name		Removal Date
Name		Removal Date
will be considered incomplete. If a senio	or manager has been identified on a pre	ny transaction with the City. At least one senior manager must be listed, or the Data Form evious page, fill in his/her name and write "See above." If the entity is filing a Change Form, i. If more space is needed, attach additional pages labeled "Additional Senior Managers."
•	MI Last	Birth Date (mm/dd/yy)
		bloyer (if not employed by entity)
Home Address	LIIIP	nover (it not employed by entity)
First Name	MI Last	Birth Date (mm/dd/yy)
		ployer (if not employed by entity)
	•	in the completed by chargy
First Name	MI Last	Birth Date (mm/dd/yy)
		oloyer (if not employed by entity)
Remove the following previously-rep		
Name	•	removal date
		removal date
		nal pages is accurate and complete. I understand that willful or fraudulent submission of a e and therefore denied future City awards.
Name		Title
Entity Name		Work Phone #
O ! .		