

LIC6: General Contractor Registration Form Form must be typewritten

	N TYPE		1B. R	EGISTRATION NU	MBER		
Original	☐ Renewal	☐ Change/Reissi	ıe Re	gistration No			
2. REGISTRATIO	ON USER						
☐ Individual	on behalf	of a Corporation	☐ on beha	lf of a Partnership			
3. PRIMARY PRI	INCIPAL (required	d for all applications; busi	ness fax and mo	bile telephone are optiona	al)		
Last Name			First Name			MI	
Social Security	Social Security No Date of I Home Address State Z Business Name Business Address		e of Birth (MM	I/DD/YYYY)	% of (% of Control	
Home Address				Home Phone No			
City			Zip Code	Mob	ile Phone No	Phone No	
Business Name				Business Phone	e No		
Business Addre							
City		Stat	e	Zip Code	EIN _		
Email		Is the	operating cap	ital for your business	at least \$25,00	00? ☐ Yes ☐ No	
A COPPORATE	OFFICERS DA	ARTNERS & ANY S	TAKEHOLI	NEDS.			
NOTE: Include stak	Name	% percent or more and th		Name		% of Control	
	Hame	70 01 001	101	Ivanic		70 OI OOIILI OI	
5 BUSINESS HI	STORY						
	rk location where app		-	thin the last five years if d			
NOTE: Provide wor	rk location where app			Business Phone			
NOTE: Provide wor Business Name Business Addre	rk location where app			Business Phone	e No		
NOTE: Provide wor Business Name Business Addre	rk location where app		State	Business Phone	e No		
NOTE: Provide wor Business Name Business Addre	rk location where app		State	Business Phone	e No		
NOTE: Provide wor Business Name Business Addre	rk location where app		State	Business Phone	e No		
NOTE: Provide wor Business Name Business Addre City List all existing	poblished in the control of the cont		State	Business Phone	e No		
NOTE: Provide wor Business Name Business Addre City List all existing 6. CONVICTIONS If you answer Ye	DOB Tracking nu S & FINES s to any of these q Have you ever be	umbers questions, you must co	State State mplete and att uilty to an offe	Business Phone	zip Code	s a violation,	
NOTE: Provide work Business Name Business Addre City List all existing 6. CONVICTIONS If you answer Yes Yes \(\sum \) No	DOB Tracking nu S & FINES s to any of these q Have you ever be misdemeanor or the	umbers questions, you must co	State mplete and att uilty to an offe pplicants, were	Business Phone ach form LIC34. nse anywhere (an offe	zip Code	s a violation,	

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7. LICENSING HISTORY

List all licenses,	certifications,	or registrations	s issued to you.	, by any C	ity or State.	Include your	Driver's License.

	NAM	·	TYPE	LIC/CERT/REG NO.	i.	tive/Not Active	EXPIRATION DATE		
	Yes No	Have any licenses/certifications/registrations issued to any person named on this application ever been suspended, restricted, or revoked; or has any person named on this application ever been censured or disciplined in connection therewith? If Yes , please indicate in Section 8 the type of license/certification/registration along with the reason for suspension, restriction, revocation, discipline.							
	Yes No	Has any person named on this application been employed by DOB or another NYC agency?							
	Yes No	Is any individu	al named on this a	pplication related by bloc	od or marriage	to any DOB en	nployee(s)?		
	☐ Yes ☐ No	Any former ass	sociation with anot	her General Contracting	company?				
	Yes No Have any license application(s) ever been denied to you by DOB or any other government entity? If Yes provide details in Section 8 COMMENTS .								
8.	COMMENTS								
_	A DDL IOANT OT	FATEMENTO	O OLONIA TUDE						
9.	APPLICANT ST	AIEMENIS	& SIGNATURE	:5					
	I have read and I understand all the items contained in this document. I hereby state that the above information is correct and complete to the best of my knowledge. As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license. In the even of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.								
	Name (print)		Notaria	zation		Notary Seal			
	Signature			f New York, County of:					
	Signature		Sworn	to or affirmed under penalty o	f perjury				
	Data		day of	20					
	Date		Notary	Signature					
			INTERP	VAL USE ON	LY				
Dat	e Received:			Fe	e Paid: \$				
Rev	viewed by:								
Co	mments:			Sta	atus: 🔲 Sa	atisfactory \Box	Unsatisfactory		

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