NYC Buildings

LIC7: License Application

Form must be typewritten
License Number Section is used for changes, renewals, and Reissues

1. APPLICATION TYPE

☐ **Original** ☐ **Renewal** ☐ **Change/Reissue**

2. SAFETY REGISTRATION NUMBER *(existing tracking number)*

Registration No. _____

3. SAFETY REGISTRATION ENDORSEMENT TYPE *(select all that apply)*

☐ **Construction** ☐ **Demolition** ☐ **Concrete**

4. BUSINESS TYPE

☐ **Individual/Sole Proprietor** ☐ **Corporation** ☐ **Partnership**

5. BUSINESS INFORMATION *(required for all applicants – email required)*

Legal Business Name _____

Business' Trade or Doing-Business-As (DBA) Name *(as applicable)* _____

Business Address _____ **Business Telephone No.** _____

City _____ **State** _____ **Zip Code** _____

Email _____ **EIN** _____

6. APPLICANT

NOTE: home address required if applicant is an individual/sole proprietor; applicant must be director, officer, partner or principal

Last Name _____ **First Name** _____ **MI** _____

Social Security No. _____ **Date of Birth** (MM/DD/YYYY) _____

Email _____ **Telephone No.** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

% of Control _____ **Emergency Contact** ☐ Yes ☐ No

7. CORPORATE OFFICERS, PARTNERS & ANY STAKEHOLDERS

NOTE: include applicant and stakeholders that own 10% percent or more

Last: **First:** **MI:**	**Last:** **First:** **MI:**
SSN: **Date of Birth (MM/DD/YY):**	**SSN:** **Date of Birth (MM/DD/YY):**
% Control: **Title:**	**% Control:** **Title:**
Email Address:	**Email Address:**
Emergency Contact: ☐ **Yes** ☐ **No** **Phone No.:**	**Emergency Contact:** ☐ **Yes** ☐ **No** **Phone No.:**
Last: **First:** **MI:**	**Last:** **First:** **MI:**
SSN: **Date of Birth (MM/DD/YY):**	**SSN:** **Date of Birth (MM/DD/YY):**
% Control: **Title:**	**% Control:** **Title:**
Email Address:	**Email Address:**
Emergency Contact: ☐ **Yes** ☐ **No** **Phone No.:**	**Emergency Contact:** ☐ **Yes** ☐ **No** **Phone No.:**

8. LICENSING HISTORY

List all licenses, certifications, or registrations issued to you, by any City or State.

NAME	TYPE	LIC/CERT/REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

Do you have a valid driver's license? ☐ Yes ☐ No Driver's License No. ____________________ State ________

If **Yes** to any of the following questions, please indicate the type of license/certification/registration with additional details in **Section 10 COMMENTS**:

☐ Yes ☐ No Have any licenses or privileges granted to you or your associated business(es) by the NYC Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended, otherwise disciplined, or have you or your related business(es) ever been disqualified from performing inspections?

☐ Yes ☐ No Have any license application(s) ever been denied to you by DOB or any other government entity?

9. BUSINESS AFFILIATION INFORMATION

☐ Yes ☐ No Is any person named on this application an employee, participant in the management of, or own a controlling interest for any other entity which files permits with the Department? If **Yes** you **must** complete the section below.

☐ Yes ☐ No Has the business listed in Section 5 used another business name or operated out of a different location during the last 5 years? If **Yes** you **must** complete the section below.

☐ Yes ☐ No Has any person named on this application been employed by DOB within the last year? If **Yes** provide details in **Section 10 COMMENTS**.

Name of Individual:
% Control: **Title:**
Legal Bus. Name: **EIN:**
Business' Trade or Doing-Business-As (DBA) Name*
Business Address:
City: **State:** **Zip:**

Name of Individual:
% Control: **Title:**
Legal Bus. Name: **EIN:**
Business' Trade or Doing-Business-As (DBA) Name*
Business Address:
City: **State:** **Zip:**

Name of Individual:
% Control: **Title:**
Legal Bus. Name: **EIN:**
Business' Trade or Doing-Business-As (DBA) Name*
Business Address:
City: **State:** **Zip:**

Name of Individual:
% Control: **Title:**
Legal Bus. Name: **EIN:**
Business' Trade or Doing-Business-As (DBA) Name*
Business Address:
City: **State:** **Zip:**

10. COMMENTS

11. CONVICTIONS & FINES

If you answer **Yes** to any of these questions, you **must** complete and attach form **LIC34.**

☐ Yes ☐ No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony? For renewal applicants, were you convicted since your last renewal?

☐ Yes ☐ No Do you owe any penalties to the City of New York?

☐ Yes ☐ No Does any company or business you have been associated with under your DOB-issued license owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

12. STATEMENTS & SIGNATURES

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 event 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)*	**Notarization**	**Notary Seal**
	State of New York, County of:	
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

INTERNAL USE ONLY

Date Received:	**Fee Paid: $**
Reviewed by:	
Comments:	**Status:** ☐ Satisfactory ☐ Unsatisfactory