

BASIC INDIVIDUAL LICENSE APPLICATION

Please print.

Applicant Information

Applicant information					
Last Name	Suffix (Jr., Sr.	, Esq.) (optional)	First Name		Middle Name (optional)
Date of Birth (YYYY-MM-DD)	<u>, </u>				
Home Address (Building Number, Str	eet Name, Apartr	ment/Suite/Other)			
City	State	ZIP Code	Country/Region (if outside USA)		
					9.011 (4. 00.0100 0.017)
Phone 1 (Primary)		•	Phone 2 (Alternate)		
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PLEASE READ BEFORE ENTERIN Protection (DCWP)	G EMAIL – Off	icial Notices fro	om the Do	epartment of	Consumer and Worker
Official notices from DCWP may include license renewal applications; notices of license suspension, revocation, or denial; requests for additional application information; summonses and hearing petitions; information about fines and penalties, including settlement notices; and notices about changes in the laws and rules.					
If you enter Email*: • DCWP may send certain official notices to your email address instead of Home Address or Contact Mailing Address, if provided. • By providing your email address, you affirm that it is a reliable form of communication and you will update DCWP of any change within 10 days of the change.					
If you do NOT enter Email: DCWP will send official noti	ces to Home A	ddress or Cont	act Mailir	ng Address, if	f provided.
*Applicants for the Process Server In	idividual license	must enter Em	ail.		
Email					
Contact Mailing Address					
Only complete this box if you do N notices.	OT want DCV	VP to use your	Email or	· Home Addr	ess to send official
Is your Mailing Address the same	as your Home	Address?	□ Yes	s □ No	
If No, complete the section be	low.				
Mailing Address (Building Number, S	treet Name, Apar	tment/Suite/Other)		
City	State	ZIP Code		Country/Re	egion (if outside USA)

Child Support Certification and Request for Personal Information

Under General Obligations Law Section 3-503(2), you must provide your Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) so the City of New York can confirm whether you have outstanding child support obligations. Important:

• If you are four months or more behind in child support or have failed to comply with a summons, subpoena, or warrant relating to a paternity or child support proceeding, you may be subject to suspension of a business, professional, driver, and/or recreational license(s) and permit(s) including, but not limited to, licenses issued under Section 11-0713 of the Environmental Conservation Law.

Under the NYC Charter and Administrative Code, the City also requests SSN or ITIN to maintain and update City databases and to carry out the powers and duties of the Department.

So	cial Security Number or Individual Taxpayer Identification Number	r				
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Are	Are you under an obligation to pay child support? ☐ Yes ☐ No					
If Y	'es , you must answer <u>ALL</u> questions below.					
	Do you owe four or more months of child support payments?				□ No	
Are you making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties?				□ Yes	□ No	
	Is your child support obligation the subject of a pending proceed	ing?		□ Yes	□ No	
	Do you receive public assistance or Supplemental Security Income?			□ Yes	□ No	
Bad	ckground Questions					
	ase answer Background Questions. Note: "DCWP" means Departrection AND Department of Consumer Affairs.	ment of	Consun	ner and '	Worker	
Atta	ch additional sheets if necessary.					
1.	Have you ever been licensed by DCWP?	□ Yes	□ No			
	If Yes, provide the following information. DCWP License Number:					
	Business/Individual Name:					
2.	Have you ever been principal* of a DCWP-licensed business?	□ Yes	□ No			
	*officer/shareholder owning 10% or more/partner/member					
	If Yes, provide the following information.					
	DCWP License Number:					
	Business/Individual Name:					

3.	Have you had ANY suspended, voided within the last five y *This does NOT include	, or revoked or app /ears?		_ `	Yes □ No	
	If Yes, provide	the following inform	License/Permit Type			
			License/Permit Numbe siness/Individual Name			
4.	Are there any unres or a business of wh *charges filed by a gove †officer/shareholder own If Yes, provide	nich you were a prirernment agency that are	ncipal†? • NOT criminal er/member		lYes □ No	
N	ame and Location o	of Court Case	Index Number		Governme	ent Agency
	Attach addition	al sheets if necess	ary.			
5.	brought by a govern *officer/shareholder own If Yes, please s	ement agreement versubject of a court nment agency with ning 10% or more/partnerstate if any judgme	vith a government judgment in a matter in the last five years?	ment ha		paid in full for 30 days
6.	Do you prefer that i other than English?		ducted in a language		l Yes □ No	,
	If Yes, select o	ne.				
	☐ Arabic ☐ Bengali ☐ Cantonese ☐ Farsi	☐ French ☐ French-Creole ☐ Haitian Creole ☐ Hebrew		☐ Polis ☐ Rus: ☐ Spai	sian nish	☐ Vietnamese ☐ Other Please specify:

PREPARER'S STATEMENT – Please check the box if the statement applies to yo	PREPARER'S STATEMENT -	Please check the box i	f the statement	applies to you
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☐ I am not the license applicant. I am an authorized representative for the license applicant, and I will submit a Granting Authority to Act Affirmation completed by the license applicant.
Note: The applicant must sign all required documents.
AFFIRMATION – Please read and sign.
I am authorized to complete and submit this application and all attachments (together, the "Application").
I have reviewed the entire Application.
If any of the information in this Application changes while the Application is pending or during the license term, the applicant must inform the Department of Consumer and Worker Protection (DCWP) of those changes within 10 days of the change. I also understand that the applicant must comply with all relevant laws and rules if granted a license to operate.
I understand that DCWP has not yet considered this Application and that operating before receiving a license or written permission from DCWP to operate is illegal.
PENALTY FOR FALSE STATEMENTS : Making a false statement or submitting fraudulent materials may be punishable by fine, imprisonment, or both, and also may result in the denial of your application or revocation of your license.
Under Section 175.35 of the New York Penal Law, you may be:
 fined up to \$5000 or fined an amount that is twice the amount of money you received by making the false statement and / or sent to jail for up to 4 years
Punishment may also include but not be limited to fines or penalties of up to \$500 for each false statement.
If DCWP denies your license application due to false statements and/or falsified documents, DCWP may prohibit you from submitting another license application for the same license category for one year.
By signing below, I understand and agree that I am swearing or affirming that I have told the truth on this Application.
Signature of License Applicant
Print Full Name Date
If you are not registered to vote, would you like to register here today? ☐ YES ☐ NO
Whether you apply to register to vote or not, it will not affect the assistance DCWP will provide to you. If you wish, we will help you in filling out the voter registration application.