



BASIC LICENSE APPLICATION

Please print responses in all applicable Sections.

Is your Business a sole proprietorship or do you have an individual general partner?

- If YES, complete Sections **1, 2, and 4.**
- If NO, complete Sections **1, 3, and 4.**

Section 1 – All applicants

What is your Business's legal structure?

- | | |
|--|--|
| ☐ General Partnership | ☐ Limited Partnership |
| ☐ Corporation | ☐ Nonprofit |
| ☐ Limited Liability Company | ☐ S-Corporation |
| ☐ Limited Liability Partnership | ☐ Sole Proprietorship |

Business Information

Business Name (Must be exactly as filed with the New York State Secretary of State or County Clerk.)			
Doing-Business-As (DBA)/Trade Name (Must be exactly as filed with the New York State Secretary of State or County Clerk. Only one trade name allowed.)			
Address Where You Operate Your Business <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region <i>(if outside USA)</i>
Phone 1 (Primary)		Phone 2 (Alternate)	
()		()	
PLEASE READ BEFORE ENTERING EMAIL – Official Notices from the Department of Consumer and Worker Protection (DCWP) 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 Address Where You Operate Your Business 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 notices to Address Where You Operate Your Business or Contact Mailing Address, if provided. *Applicants for the Process Serving Agency license must enter Email.			
Email			

Employer Identification Number (EIN) - Required for sole proprietorships with paid employees; corporations; and partnerships.	New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number - or Required if “Sales Tax Identification Number” is a requirement on your license application checklist. Sales Tax Identification Number is the 9, 10, or 11-digit number on your New York State Department of Taxation and Finance Certificate of Authority. If you have not received your Certificate of Authority, please enter the 6-digit confirmation number you received when you submitted the application for a Certificate of Authority.
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Contact Mailing Address

Only complete this box if you do NOT want DCWP to use Business Email or Address to send official notices.

<i>Complete these fields to send notices to the attention of an individual:</i>			
First Name	Middle Name (optional)	Last Name	
Title/Position			
<i>Complete this field to send notices to the attention of a department:</i>			
Department			
Mailing Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region (if outside USA)

Section 2 – Sole Proprietors and Individual General Partners

You must provide information on *all* individual general partners, if applicable.

Child Support Certification and Request for Personal Information

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

- If individuals 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, they 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 SSNs or ITINs to maintain and update City databases and to carry out the powers and duties of the Department.

Attach additional sheets if there are more than two individual general partners.

Individual #1 (Sole Proprietor or Individual General Partner #1)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □		Date of Birth (YYYY-MM-DD) □ □ □ □ - □ □ - □ □	
Home Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)			
City	State	ZIP Code	Country/Region (<i>if outside USA</i>)

Is Individual #1 under an obligation to pay child support? ☐ Yes ☐ No

If Yes, Individual #1 must answer **ALL** questions below.

Does Individual #1 owe four or more months of child support payments? ☐ Yes ☐ No

Is Individual #1 making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? ☐ Yes ☐ No

Are Individual #1's child support obligations the subject of a pending proceeding? ☐ Yes ☐ No

Did Individual #1 receive public assistance or Supplemental Security Income? ☐ Yes ☐ No

Individual #2 (Individual General Partner #2)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □		Date of Birth (YYYY-MM-DD) □ □ □ □ - □ □ - □ □	
Home Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)			
City	State	ZIP Code	Country/Region (<i>if outside USA</i>)

Is Individual #2 under an obligation to pay child support? ☐ Yes ☐ No

If Yes, Individual #2 must answer **ALL** questions below.

Does Individual #2 owe four or more months of child support payments? ☐ Yes ☐ No

Is Individual #2 making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? ☐ Yes ☐ No

Are Individual #2's child support obligations the subject of a pending proceeding? ☐ Yes ☐ No

Did Individual #2 receive public assistance or Supplemental Security Income? ☐ Yes ☐ No

Section 3 – Partnerships, Corporate Officers, Shareholders, Members

You must provide information on *all* business general partners (*not* individual general partners), *all* corporate officers, and *each* shareholder owning 10% or more of the business applying for a license.

Note: Limited Liability Companies must provide information on *all* members. Nonprofits must provide information on *all* officers and *all* Board of Directors members.

Attach additional sheets if necessary.

Individual #1 (General Partner #1, Corporate Officer #1, Shareholder #1, Member #1)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Title/Position (Check one box only.)	☐ Chairman ☐ Director ☐ Officer ☐ Shareholder ☐ President ☐ Corporate Secretary	☐ Treasurer ☐ Trustee ☐ Vice President ☐ Partner ☐ Member ☐ Other	% of Ownership
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region (if outside USA)

Individual #2 (General Partner #2, Corporate Officer #2, Shareholder #2, Member #2)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Title/Position (Check one box only.)	☐ Chairman ☐ Director ☐ Officer ☐ Shareholder ☐ President ☐ Corporate Secretary	☐ Treasurer ☐ Trustee ☐ Vice President ☐ Partner ☐ Member ☐ Other	% of Ownership
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region (if outside USA)

Business #1 – Only complete if a shareholder or partner of the applicant is another business.

Business Name			
Employer Identification Number (EIN) -			% of Ownership
Mailing Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region (if outside USA)

Business #2 – Only complete if another shareholder or partner of the applicant is another business.

Business Name			
Employer Identification Number (EIN) -			% of Ownership
Mailing Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)			
City	State	ZIP Code	Country/Region (<i>if outside USA</i>)

Section 4 – All applicants

Please answer Background Questions on behalf of *all* individuals/businesses named in Sections 1, 2, 3 of the application. Note: “DCWP” means Department of Consumer and Worker Protection **AND** Department of Consumer Affairs.

Attach additional sheets if necessary.

Background Questions

1. Has any individual/business ever been licensed by DCWP? ☐ Yes ☐ No

If Yes, provide the following information.

DCWP License Number:

Business/Individual Name:

2. Has any individual/business 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. Has any individual/business had ANY government-issued license*/permit suspended, voided, or revoked or application denied within the last five years? ☐ Yes ☐ No

**This does NOT include driver's licenses.*

If Yes, provide the following information:

License/Permit Type:

Government License/Permit Number:

Business/Individual Name:

4. Are there any unresolved civil charges* filed against any individual/business? ☐ Yes ☐ No

**charges filed by a government agency that are NOT criminal*

If Yes, provide the following information:

Name and Location of Court	Case Index Number	Government Agency

Attach additional sheets if necessary.

5. Has any individual/business entered into a settlement agreement with a government agency or been the subject of a court judgment in a matter brought by a government agency within the last five years? ☐ Yes ☐ No

If Yes, please state if any judgment or settlement agreement has not been paid in full for 30 days or more or according to the schedule agreed upon by the parties.

6. Has any individual/business ever pled guilty or been convicted of ANY crime or offense within the last 10 years?* ☐ Yes ☐ No

**Also select "Yes" if any individual/business served time in jail or prison within the last 10 years following a guilty plea or conviction.*

If Yes, please provide the required information below for each conviction.

PLEASE TAKE THE TIME TO REVIEW YOUR RECORD BEFORE ENTERING REQUIRED INFORMATION. DCWP MAY DENY YOUR APPLICATION IF YOU FAIL TO DISCLOSE A CONVICTION.

A conviction does not, by itself, mean you will not get a license. DCWP will consider various factors, such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction.

You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision. Do NOT disclose any sealed convictions or findings.

Attach additional sheets if necessary.

Date of Conviction	Name and Location of Court	Charge (You may describe the charge if you do not recall the citation.)	Outcome (time served, community service, fine, etc.)

7. Do you prefer that business inspections be conducted in a language other than English? ☐ Yes ☐ No

If Yes, select one.

- | | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|-------------------------------------|
| ☐ Arabic | ☐ French | ☐ Hindi | ☐ Polish | ☐ Vietnamese |
| ☐ Bengali | ☐ French-Creole | ☐ Italian | ☐ Russian | ☐ Other |
| ☐ Cantonese | ☐ Haitian Creole | ☐ Korean | ☐ Spanish | Please specify: _____ |
| ☐ Farsi | ☐ Hebrew | ☐ Mandarin | ☐ Urdu | |

If you are applying for a Tobacco Retail Dealer, Electronic Cigarette Retail Dealer, Home Improvement Contractor, Pedicab Business, or Tow Truck Company license, please answer question #8.

8. Is any individual related by blood or marriage to a current or former DCWP licensee or principal* of a DCWP-licensed business? ☐ Yes ☐ No
- *officer/shareholder owning 10% or more/partner/member*

If Yes, provide the following information:

Relationship to Applicant:	
Relative First Name:	
Relative Middle Name:	
Relative Last Name:	
Relative Suffix:	
DCWP License Number:	
Business/Individual Name:	

PREPARER'S STATEMENT – Please check the box if the statement applies to you.

- ☐ 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 (e.g., owner, sole proprietor, general partner, director, corporate officer, member, or shareholder owning 10% or more of the business) 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 Title/Position (if any)

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.