

42 Broadway New York, NY 10004

nyc.gov/dcwp

PEDICAB BUSINESS LICENSE APPLICATION AFFIRMATION

Business Name:			
Business Address:			
I,(Owner Name)		, am an/the (circle one) owner of
(Company Name, hereafter Co	 ompany)		, and I am
authorized to execute Company.	this affirmation on beh	nalf of Company a	and all owners of the
Please read carefully	ι. Initial each paragra	ıph and sign the	affirmation.
Neither Compedicab registration plant the Department of Contransfer of registration	nsumer and Worker Pi	whether as a resunction (DCWP)	ult of application to
Neither Com registration plates or for number of Company's exceed 30 if DCWP is	and any owner's pedi	ransfer of registra icab registration p	tion plates if the total plates together would
No owner of one or more other peomore than 30 pedicab			
None of Conbeneficial interest in o together do not have r		cab businesses a	
No person whas a direct or indirect businesses and the buplates.		one or more other	pedicab



No family member of a person who has a didirect or indirect beneficial interest in one or more oth do not have more than 30 registration plates.	irect or indirect beneficial interest in Company has a ner pedicab businesses and the businesses together
AFFIRMATION I affirm that I am authorized to complete and submit t reviewed all of the information entered in this affirmat of my knowledge.	•
PENALTY FOR FALSIFICATION Any false statement on this affirmation is a crime pun statement is punishable by a fine as high as \$1,000.0 each false statement, as high as \$500.00, may be im	00 if prosecuted criminally. In addition, a fine for
I also understand that failure to provide true and accurate grounds for license revocation and voiding of plates a	
Signature	Date