



DEPARTMENT OF CONSUMER AND
WORKER PROTECTION (DCWP)
LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004

NYC SMALL BUSINESS
SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

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SIGHTSEEING BUS – BUS STOP AFFIRMATION

Legal Name of Business (Applicant):	
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	
Business Address:	

I affirm the following:

- ☐ The Sightseeing Bus Company named above has written authorization from the NYC Department of Transportation (NYC DOT) for all designated on-street bus stops where it picks up and drops off passengers.

If you checked this box, you must:

- ☐ Enter number of approved spots: _____
AND
☐ Provide a copy of the NYC DOT permit for each approved stop.

OR

- ☐ The Sightseeing Bus Company named above does not have written authorization from NYC DOT because the company does not require designated on-street bus stops for its operations. The company:

- ☐ Picks up or drops off passengers at various locations in the city.

If you checked this box, you must provide a list of all passenger pick-up and drop-off locations. See Section A: List of Locations Where Company Picks Up and Drops Off Passengers.

OR

- ☐ Does not pick up or drop off passengers at various locations in the city.

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Print Name

Print Title/Position (if any)

Date



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Section A: List of Locations Where Company Picks Up and Drops Off Passengers

Please attach additional sheets if necessary.

	Location	Type of Location
1		☐ Pick-up ☐ Drop-off
2		☐ Pick-up ☐ Drop-off
3		☐ Pick-up ☐ Drop-off
4		☐ Pick-up ☐ Drop-off
5		☐ Pick-up ☐ Drop-off
6		☐ Pick-up ☐ Drop-off
7		☐ Pick-up ☐ Drop-off
8		☐ Pick-up ☐ Drop-off
9		☐ Pick-up ☐ Drop-off
10		☐ Pick-up ☐ Drop-off