



**NEW YORK CITY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING CENTER
BASIC LICENSE APPLICATION**



PLEASE PRINT

SECTION 1 - ALL APPLICANTS

- I am the sole proprietor of this company. YES NO
 If YES, complete Sections **1, 2 and 4.**
- The company to be licensed is a corporation or partnership (Inc., Corp., Co. LLC., Ltd., LLP). YES NO
 If YES, complete Sections **1, 3 and 4.**

BUSINESS PREMISES LOCATION INFORMATION:

Legal Name of Business. If Sole Proprietorship, provide name of individual. Corporation names must be exactly as filed with the New York State Secretary of State. Partnership names must be exactly as filed with the County Clerk.		
Business's Trade or Doing-Business-As (DBA) Name, if applicable. Corporation's assumed name must be exactly as filed with the New York State Secretary of State. Partnership or Sole Proprietorship business names must be exactly as filed with the County Clerk.		
Business Address (Number and Street)		
City and State	Zip Code	Borough (check one): <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Business Telephone Number () () ()	Fax () () ()	E-mail

BUSINESS MAILING INFORMATION:

Contact Name and Title. Enter a name here ONLY if you want mail from the Department of Consumer Affairs to be addressed to a name other than your business's legal name.		
<input type="checkbox"/> Check here if contact's mailing address is the same as premises address above. If not, enter an address for mail from the Department of Consumer Affairs.		
City and State	Zip Code	Borough (check one): <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Federal Employer Identification Number (EIN). (Mandatory for corporations, partnerships and sole proprietors with paid employees). <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	New York State Sales Tax Identification Number, if required. This is the number on your New York State Department of Taxation and Finance Certificate of Authority. Refer to the application checklist for the license type for which you are applying to determine if this is required. MAY HAVE 9, 10 OR 11 DIGITS. <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	

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Application number								CAMIS number					
Code			Class		Subclass		Item count						
Type			HIC/Landscaper	<input type="checkbox"/> Yes <input type="checkbox"/> No	CSC Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No							

The disclosure of Social Security numbers here is voluntary. The request is made pursuant to the NYC Charter and Administrative Code. This information will or may be used to enable the City of New York to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes requisite to promoting the general welfare.

SECTION 2 - SOLE PROPRIETOR

Last Name	First Name	M.I.
Home Address (Street, City, State, Zip Code)		
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION 3 - CORPORATIONS AND PARTNERSHIPS

The information requested below must be provided for each stockholder owning 10% or more of the company's stock, and all corporate officers and partners.

If 10% or more of the company's stock is owned by an entity (rather than an individual), **the same information required here for the applicant must be provided for each entity**, along with that entity's Certificate of Incorporation or Certificate of Partnership, as appropriate. **Attach additional sheets if necessary.**

CORPORATE OFFICERS, PARTNERS AND STOCKHOLDERS

Last Name		First Name		M.I.
Title		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		% Stock Owned
Home Address (Number and Street)		City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Last Name		First Name		M.I.
Title		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		% Stock Owned
Home Address (Number and Street)		City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Last Name		First Name		M.I.
Title		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		% Stock Owned
Home Address (Number and Street)		City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other
Last Name		First Name		M.I.
Title		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		% Stock Owned
Home Address (Number and Street)		City and State	Zip Code	Borough <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Is. <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Other

SECTION 4 - ALL APPLICANTS

The following questions must be answered on behalf of all persons (including individuals and entities) named anywhere on this application. If the answer for any one of those persons is YES, the question must be answered YES. Use extra paper if necessary. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, SUBMIT A SIGNED EXPLANATION AND ATTACH ALL RELEVANT DOCUMENTS.

1. Has any person named on this application **ever been licensed** by the New York City Department of Consumer Affairs (DCA)? YES NO

If YES, provide the license number(s) involved. _____

2. Has any person named on this application **ever been an officer, director, shareholder or partner** of an entity licensed by DCA? YES NO

3. Is any individual named on this application **related by blood or marriage** to any individual who is, or who ever has been, licensed by DCA, or who serves, or has ever served, as an officer, director, shareholder or partner in an entity licensed by DCA? YES NO

4. Has any person named on this application **ever had a DCA license denied, suspended, or revoked?** YES NO

If YES, provide the license number(s) involved. _____

5. Has any person named on this application been **found guilty of any crime or offense** (conduct, **whether criminal or civil**, punishable with a term of imprisonment or a fine by a governmental agent or agency)? YES NO

If YES, include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. **Do not include** situations in which you were determined to be a juvenile delinquent, youthful offender, wayward minor, or person in need of supervision. (See **NOTE** below.)

6. Is there **any kind of criminal charge whatsoever** pending against any person named on this application? YES NO

7. Is there **any civil charge** (including an administrative charge) pending against any person named on this application that relates to a business engaged in by that person? YES NO

8. Is there any DCA-issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or Other Order now in effect and/or pending against any person named on this application? YES NO

If YES, include all DCA-imposed obligations to pay fines or restitution that have not been satisfied in full.

9. Has any court rendered a judgment against any person named on this application or any business operated by such a person **for activity related to the conduct of a business?** YES NO

10. Is there any judgment against any person named on this application or any business operated by such a person for activities relating to such a person's business and that **has not been paid in full for thirty days or more?** YES NO

NOTE: A conviction does not, by itself, mean you will not get a license. 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, will be considered. However, your license may be denied if you fail to disclose a conviction in response to this question.

I have received a copy of the laws and regulations relating to the license for which I am applying. If granted this license, I promise that the licensee will comply with the applicable law and the rules of the DCA that are now in force, and those that are enacted in the future.

I understand that the application process for a license with the Department of Consumer Affairs is incomplete and that I may not operate until an actual license document has been issued and is in the licensee's possession.

PENALTY FOR FALSIFICATION: Lying on this application is a crime punishable by a fine, imprisonment, or both. A fine for each false statement, as high as \$500, may be imposed by DCA. In addition, each false statement is punishable by a fine as high as \$1000 if prosecuted criminally.

Applicant's Signature

Applicant's Title (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 DCA WILL PROVIDE TO YOU.

IF YOU WISH, WE WILL HELP YOU IN FILLING OUT THE VOTER REGISTRATION APPLICATION.

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PROCESSING THE APPLICATION	
1a. Are there any unpaid fines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
1b. If YES, is there a clearance letter attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2a. Was a 10 day letter issued?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2b. If YES, give reason ↓	
Processor's Signature ↓ <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING Date ↓	
ADMINISTRATIVE DISPOSITION	
Application Status → <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Date →	
Processor's Signature	
FINGERPRINTS	Number of fingerprints taken for one application
Date fingerprints were taken	
Fingerprints were taken by (Counter staff's name)	