



BASIC INDIVIDUAL LICENSE APPLICATION

Please print.

APPLICANT INFORMATION

Last Name	Suffix, e.g., Jr., Sr., Esq. <i>(optional)</i>	First Name	Middle Name <i>(optional)</i>
Date of Birth (YYYY-MM-DD) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
Home Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region
Phone 1 (Primary) ()		Phone 2 (Alternate) ()	
Email (By providing your e-mail address, you consent to receive communications electronically from the Department of Consumer Affairs (DCA), and you affirm that the e-mail listed is a reliable form of communication for you.)			

CONTACT MAILING ADDRESS

Is your mailing address the same as your home address?

☐ YES ☐ NO

If **NO**, please complete the section below.

Mailing Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region

CHILD SUPPORT CERTIFICATION

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.

Social Security Number or Individual Taxpayer Identification Number <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 24px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 24px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>

Are you under an obligation to pay child support? ☐ Yes ☐ No

If Yes, you must answer **ALL** questions below.

- a. Do you owe four or more months of child support payments? ☐ Yes ☐ No
- b. 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
- c. Is your child support obligation the subject of a pending proceeding? ☐ Yes ☐ No
- d. Do you receive public assistance or Supplemental Security Income? ☐ Yes ☐ No

PERMISSION

Under the NYC Charter and Administrative Code, the City requests SSN or ITIN to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare.

Do you give the City of New York permission to use SSN or ITIN for the purposes described above? ☐ Yes ☐ No

BACKGROUND QUESTIONS

Please answer **Background Questions** on behalf of all individuals named on the application. "Individual" refers to sole proprietor; general partner; corporate officer; shareholder owning 10% or more of the business; member; officer; Board of Directors member. **Attach additional sheets if necessary.**

- Some background questions inquire about criminal and/or civil charges. 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 the questions.
- Descriptions for questions relating to charges should include date of conviction, nature of the incident, persons involved, and the outcome. Please 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. 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.

1. Has individual ever been licensed by the New York City Department of Consumer Affairs (DCA)? ☐ Yes ☐ No

If YES, provide the following information.

DCA License Number:
 Business/Individual Name:

2. Has individual ever been principal (officer/shareholder/partner/member) of a DCA-licensed business? ☐ Yes ☐ No

If YES, provide the following information.

DCA License Number:
 Business/Individual Name:

3. Has individual had ANY government-issued license/permit denied, suspended, or revoked?

☐ Yes ☐ No

If YES, provide the following information:

License/Permit Type:
Government License/Permit Number:
Business/Individual Name:

4. Are there any pending charges against individual?

☐ Yes ☐ No

If YES, provide the following information:

Type: ☐ Civil (Court or Government Agency)
☐ Criminal

Please explain.

--

5. Has individual ever pled guilty or been convicted of ANY crime or offense?

☐ Yes ☐ No

If YES, please explain.

--

6. Is there any court judgment against individual or individual's business?

☐ Yes ☐ No

If YES, please explain and state if any judgment has not been paid in full for 30 days or more.

--

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.**

AFFIRMATION – Please read and sign below.

I am authorized to complete and submit this application and all attachments (together, the "Application"). I have reviewed the entire Application. To the best of my knowledge, this Application is true, correct, and complete.

If any of the information in this Application changes, the applicant must inform the Department of Consumer Affairs of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license to operate.

I understand that the Department of Consumer Affairs has not yet considered this Application. The applicant will not operate the business until receipt of an actual license document from the Department of Consumer Affairs or until / unless the Department of Consumer Affairs has given written permission to operate while this Application is pending. This affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

I affirm that these statements are true and correct.

PENALTY FOR FALSE STATEMENTS: It is against the law to make a statement in this Application that you know is false. If you make a statement that you know is false, you may be punished.

Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:

- fined up to \$1000 and / or
- sent to jail for up to one year

Under Section 175.35 of the New York Penal Law, you may be punished if you:

- make a statement that you know is false and / or
- make the statement because you intend to mislead the Department of Consumer Affairs

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

The Department of Consumer Affairs may also punish you for making a false statement on this Application. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license

By checking the box above, I understand and agree that:

- I am swearing or affirming that I have told the truth on this Application.

Applicant's Signature

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 DCA will provide to you. If you wish, we will help you in filling out the voter registration application.

Child Support Certification

Certification pursuant to General Obligations Law Section 3-503(2)

Personal information

Last name _____ First name _____

Social Security Number or ITIN _____ Date of Birth ____ / ____ / ____

Street address _____ Apt. number _____

City _____ State _____ Zip code _____

Employer information

Business name _____

Street address _____

City _____ State _____ Zip code _____

(Choose #1 or #2, and put an "X" in the box in front of the applicable statement.)

1. ☐ I am not under a court or administrative order to pay child support. OR
2. ☐ I am under an obligation to pay child support.

My child support account number[s] (if applicable): _____

(If you chose #2, put an "X" in front of the applicable statement.)

- ☐ a. I do not owe arrears equal to 4 months or more of child support payments.
☐ b. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
☐ I am making payments by income execution or by court agreed payment/repayment plan or by a plan agreed to by the parties.
☐ My child support obligation is the subject of a pending court proceeding.
☐ I am currently in receipt of Public Assistance or Supplemental Security Income.

My case number is: _____.

- ☐ c. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby do solemnly swear under oath and subject to penalty of perjury that the information provided by me in this certificate is true and accurate to the best of my knowledge.

Signature _____ Date _____

The intentional submission of false written statements for the purpose of frustrating or defeating payment of support is punishable pursuant to Section 175.35 of the penal law. Persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers, and/or recreational license and permits including, but not limited to, license issued pursuant to section 11-0713 of the environmental conservation law.

If you are experiencing difficulties obtaining a NYC license, permit, certificate or registration because of an outstanding child support problem, please come to OCSE's Customer Service Walk-In Center and you may receive assistance in resolving your problem:

The New York City Office of Child Support Enforcement Customer Service Walk-In Center
151 West Broadway, 4th Floor, New York, NY 10013 (between Worth St. and Thomas St.)
Monday – Friday 8 a.m. – 7 p.m.; Saturday 9 a.m. – 5 p.m.



Granting Authority to Act Affirmation

_____ affirms the truth of the following:
(Applicant Name)

1. I am the _____ of _____
(State relationship to business) (Name of business as it appears on your Business or Partnership Certificate, or Certificate of Incorporation or Filing Receipt. If you are applying for an Individual-based license, please enter "N/A".)

which is located at _____ and whose
(Street Address, Borough, State, and Zip Code)
telephone number and email address are _____ and _____.
(Area code & Number) (Email Address)

2. I hereby authorize _____ of _____
(Full name of designated representative) (Full name of representative's business)

who maintains an office/resides at _____
(Street Address, Borough, State, and Zip Code)
and whose telephone number and email address are _____ and
(Area code & Number)

_____ to represent me before the license, permit, or certificate
(Email Address)

issuing Agency in regard to the preparation and submission of an application for the
following license(s), permit(s) or certificate(s):

3. I understand that I will be legally bound by the representations made in said applications and will be held responsible by the license, permit, or certificate issuing Agency for any inaccuracies or misrepresentations.
4. I understand that this affirmation will expire 180 days from the date I sign and date this form.
5. I understand that I may revoke (withdraw) the Granting Authority to Act by calling 311 and asking for assistance revoking a Granting Authority to Act. A 311 call taker will advise me on how to notify the relevant issuing Agencies about revocation, and I will be responsible for notifying the relevant issuing Agencies of each application to which the revocation applies. Revocations may only be made prior to issuance of the applicable license, permit or certificate.

Signature

Print Name

Date