



**Board of Standards
and Appeals**

250 Broadway, 29th Floor
New York, NY 10007
212-386-0009 - Phone
646-500-6271 - Fax
www.nyc.gov/bsa

PHYSICAL CULTURE ESTABLISHMENT QUESTIONNAIRE FORM

Please complete and return to: **Board of Standards and Appeals**
250 Broadway, 29th Floor
New York, NY 10007

COMPANY NAME: _____ AKA/DBA _____

ADDRESS: _____ APPLICATION NO. _____

ADDRESS OF PROPOSED PHYSICAL CULTURE ESTABLISHMENT: _____

LIST ALL THE PRINCIPALS INVOLVED

Include owners, partners, directors, operators, and program managers/directors of this specific facility. If necessary, use additional sheets to list all principals.
EACH OF THE INDIVIDUALS LISTED HERE MUST COMPLETE A PRINCIPAL QUESTIONNAIRE FORM.

	<u>PRINCIPALS</u>	<u>DOB</u>	<u>SS#</u>
1)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
2)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
3)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
4)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
5)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
6)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
7)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____
8)	NAME: _____ HOME ADDRESS: _____	____ / ____ / ____ POSITION HELD: _____	_____

IT IS MY UNDERSTANDING THAT THIS QUESTIONNAIRE WILL BECOME PART OF THE CASE FILE FOR THE APPLICATION AT THE BOARD OF STANDARDS AND APPEALS.

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____

(Please type or print)

Subscribed and sworn to before me this _____ day of _____, 20____.

A material false statement willfully or fraudulently made in connection with this application and the accompanying principal questionnaire(s) may result in disqualification for approval of a variance or a special permit, and in addition may subject the person making the false statement to criminal charges.