



LIC6: General Contractor Registration Form

Application must be typed.

Apply In Person At : New York City Department of Buildings Licensing Unit
280 Broadway, 6th Floor
New York, NY 10007

1a Application Type

- Original Renewal Change/ Reissue

1b Registration Number

2 Registration Use

- Individual On Behalf of a Corporation On Behalf of a Partnership

3 Primary Principal Required for all applications. Business fax and mobile telephone are optional.

Form with fields for Last Name, First Name, Middle Initial, Social Security No, % Control, Date of Birth, Home Address, Home Telephone, City, State, Zip, Mobile Telephone, Business Name, Business Telephone, Business Address, Business Fax, City, State, Zip, EIN, E-Mail

Yes No Is the operating capital for your business at least twenty-five thousand dollars?

4 Corporate Officers, Partners and Any Stakeholders (Include Stakeholders that own ten percent or more and primary applicant)

Table with 4 columns: NAME, % Control, NAME, % Control

5 Business History Provide work location where applicant has engaged in general contracting within the last five years if different from above

Form with fields for Business Name, Business Telephone, Business Address, City, State, Zip, Existing DOB tracking number (List All):

6 Convictions and Fines If you answer "Yes" to any of these questions, you must complete and attach form LIC34.

- Yes No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)?
Yes No Do you owe any penalties or fines to the City of New York? DO NOT INCLUDE PARKING FINES.
Yes No Does any company or business you have been associated with under your Department-issued registration or tracking number owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

**7 Licensing History**

List licenses, certifications, or registrations issued to any person named on this application, by City or State. Include applicants Driver License

NAME	TYPE	LIC./CERT. /REG. NUMBER	STATUS (active / not active)	EXPIRATION DATE

Yes  No Have any licenses/ certifications/ registrations issued to any person named on this application ever been suspended, restricted, or revoked; or has any person named on this application ever been censured or disciplined in connection therewith?

If **Yes**, please indicate in **Section 8** the type of license / certification / registration along with the reason for suspension, restriction, or revocation.

Yes  No Has any person named on this application ever been employed by DOB or any other NYC agency?

Yes  No Is any individual named on this application related by blood or marriage to any DOB employee(s)?

Yes  No Any former association with another General Contracting company?

If **Yes** to any of the above, please provide the details in **Section 8**.

**8 Comments**

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**9 Applicant Statements and Signatures**

I have read and I understand all the items contained in this document. I hereby state that the above information is correct and complete to the best of my knowledge. As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury Day of 20	
Date	Notary Signature	

**Internal Use Only**

Date received: _____	Fee Paid: \$ _____
Reviewed by: _____	
Comments: _____	Status: " Satisfactory " Unsatisfactory