



Application must be typed. Buildings 1a | Application Type **Registration Number** Change/ Reissue Original Renewal **Registration Use** On Behalf of a Corporation Individual On Behalf of a Partnership Primary Principal Required for all applications. Business fax and mobile telephone are optional. Last Name Middle Initial First Name Social Security No % Control Date of Birth (m/d/y) 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? Corporate Officers, Partners and Any Stakeholders (Include Stakeholders that own ten percent or more and primary applicant) NAME % Control NAME % Control Business History Provide work location where applicant has engaged in general contracting within the last five years if different from above **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)?

Tyes 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?

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7	Licensing History						
	List licenses, certifications, or regis	strations issued to any per	son named on this application, by	City or State. Include app	olicants Driver License		
	NAME	TYPE	LIC./CERT. /REG. NUMBER	STATUS (active / not active)	EXPIRATION DATE		
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		•	issued to any person named on thi lication ever been censured or disc	• •	•		
	If Yes, please indicate in Section 8	8 the type of license/certifi	cation/registration along with the re	eason for suspension, re	striction, revocation, discipli		
	Yes No Has any person name	ed on this application ever	been employed by DOB or any ot	ner NYC agency?			
	Yes No Is any individual name	ed on this application rela	ted by blood or marriage to any DC	DB employee(s)?			
	Yes No Any former association	on with another General C	contracting company?				
	Yes No Have any license app	olication(s) even been den	ied to you by the Department of Bu	uildings or any other gov	ernment entity?		
	If <b>Yes</b> to any of the above, please			3 , 3	,		
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8	Comments						
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9	Applicant Statements and S	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 \	ork, County of:	Notary Seal			
	Signature	Sworn to or af	firmed under penalty of perjury				
		Day	y of 20				
	Date	Notary Signatu	ıre				
	Internal Use Only	-					
	Date received:			Fee Paid:	\$		
ŀ	Reviewed by:						