



42 Broadway
5th Floor
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

PEDICAB BUSINESS OWNERSHIP AND FAMILY DISCLOSURE FORM

PART ONE: APPLICANT INFORMATION

| | |
|--|--|
| Business Name: | |
| Business Address: | |
| DCA License Number (<i>if applicable</i>): | |
| Telephone Number: | |

PART TWO: OWNERSHIP DISCLOSURE

List the names of *all* owners of the business applying for a license and indicate if each owner has a beneficial interest in another pedicab business that is licensed by the Department of Consumer Affairs (DCA). Partnerships must list the names of *all* general and limited partners. Corporations must list the names of *all* corporate officers and shareholders. Limited Liability Companies must list the names of *all* members. Attach additional papers as necessary.

| Full Name of Pedicab Business Owner | Does individual have ownership in a pedicab business other than the business named above? | If Yes, please provide the name of the pedicab business and its DCA license number. |
|-------------------------------------|---|---|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



PART THREE: OWNERS' FAMILY MEMBERS

List the names of the living members of the owners' immediate family. Attach additional papers as necessary.

| Full Name of Pedicab Business Owner's Family Member | Relationship to Pedicab Owner (e.g., spouse, parent, child, sibling, etc.) | Does individual have ownership in a pedicab business other than the business named above? | If Yes, please provide the name of the pedicab business and its DCA license number. |
|---|--|---|---|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Print Name

Title (if any)

Date