



BASIC INDIVIDUAL LICENSE APPLICATION

Please print.

Applicant Information

Last Name	Suffix (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region
Phone 1 (Primary) ()		Phone 2 (Alternate) ()	
E-mail (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.)			
Social Security Number or Individual Taxpayer Identification Number <i>Providing your Social Security Number or Individual Taxpayer Identification Number is voluntary. The City requests this information under the NYC Charter and Administrative Code. This information will or may be used to allow the City of New York 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.</i>			
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Birth Date (MM-DD-YYYY)			
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Contact Mailing Information

Is your mailing address the same as your home address? YES NO
If **NO**, please complete the section below.

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

Employer Information

Employment Status: Employed Self-Employed Unemployed

If you answered **Employed** and your Employer is a business that requires a New York City Department of Consumer Affairs (DCA) license, please complete the section below.

Employer Name				
Employer Department of Consumer Affairs (DCA) license number				
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 10px;">- DCA</div> </div>				
It is in your best interest to make sure your Employer's license is active.				
Employer Premises Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>				
City	State	ZIP Code	Country/Region	Borough (check one): <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC
Employer Telephone Number ()			Employer E-mail	

Applicant Background Questions

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.

1. Has this 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 this individual ever had a DCA license denied, suspended, or revoked? Yes No

If Yes, provide the following information:

DCA License Number	
Business/Individual Name	

3. Has this individual ever been a principal (officer, shareholder, partner, member) of a DCA-licensed business? Yes No

If Yes, provide the following information:

DCA License Number	
Business/Individual Name	

4. Is this individual related by blood or marriage to either a current or past DCA licensee or principal of a DCA-licensed business? Yes No

If Yes, provide the following information:

Relationship to Applicant	
Relative First Name	
Relative Middle Name	
Relative Last Name	
Relative Suffix	
DCA License Number	
Business/Individual Name	

If you answer Yes for Questions 5 to 10, please include the requested description and attach all relevant documents to this application.

NOTE: Description should include the date of conviction, the 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.

5. Has this individual ever pled guilty or been found guilty of a crime, offense, or violation? Yes No

If Yes, please describe the crime, offense, or violation.

6. Is there any criminal charge pending against this individual? Yes No

If Yes, please describe the circumstances of the arrest.

7. Is there any civil charge (including administrative charge) pending against this individual? Yes No

If Yes, please describe the charge(s).

8. Does individual/individual's business owe fines or restitution? Yes No

If Yes, please describe all obligations (fines or restitution) not satisfied in full.

9. Has any court rendered a judgment against this individual/individual's business? Yes No

If Yes, please describe the court judgment.

10. Is there a judgment against this individual/individual's business that has not been paid in full for 30 days or more? Yes No

If Yes, please describe the judgment.

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 signing below, 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.



**Department of
Consumer Affairs**

TEMPORARY STREET FAIR VENDOR LICENSE APPLICATION SUPPLEMENT

Please print.

Applicant Information

Applicant Name			
Height (<i>feet and inches</i>)	Weight (<i>pounds</i>)	Eye Color	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
New York State Sales Tax Identification Number This is the number on your New York State Department of Taxation and Finance Certificate of Authority. <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> MAY HAVE 9, 10, OR 11 DIGITS			
Is this individual a New York City Resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, complete the section Designated Contact Mailing Information below. You must designate someone who is a New York City Resident upon whom process or other notification may be served.	

Designated Contact Mailing Information

I designate the following New York City resident upon whom process or other notification may be served:

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (<i>optional</i>)	First Name	Middle Name (<i>optional</i>)
Mailing Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)			
City	State	ZIP Code	Country/Region

If you do not complete this section, the Commissioner of the Department of Consumer Affairs (DCA) will become the recipient of process and other notification.

Permit Information

Requested Permit Start Date (MM/DD/YYYY): <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of Months Requested: _____ (Note: Maximum number of months is 11.)
Describe the product and/or service you plan to sell or offer at the street fair. Note: You cannot sell or serve food items with a DCA permit. The New York City Department of Health and Mental Hygiene issues food vending permits. _____ _____ _____