



## INSTRUCTIONS

### APPLICATION FOR A PUBLIC WHOLESALE SEAFOOD MARKET LOADING LICENSE

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Definitions of terms used in the application are set forth in Title 22, Chapter 1-A of the Administrative Code of the City of New York (“Code”) and in Title 66, Chapter, Subchapter B and C of the Rules of the City of New York. Certain of these definitions have been excerpted and attached as Appendix A to the application. Before completing this application, the applicant and all others required to execute documents hereunder should read and familiarize themselves with Title 22 of the Code and the related rules. These instructions are not a substitute for such a complete review and may not be relied on in lieu of the law and rules. Copies of statute and rules are available at the office of the New York City Business Integrity Commission (“Commission”).

Attached is the application for a public wholesale loading license. The applicant business and all of its principals must complete each and every question set forth therein. If a question is not applicable, write "not applicable" or "N.A." An application that has not been completed properly may be denied as incomplete and/or on the basis of the Commission's investigation and review of the incomplete application, or the application may be returned to the applicant without being processed. An application returned as incomplete will not be deemed submitted.

## **DOCUMENTS TO BE SUBMITTED**

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In addition to the application form, a number of documents must be submitted to the Commission in order for the application to be considered. The applicant must submit the following documents (to the extent applicable), some of which are described in these instructions, some in the body of the application and attachments, and some in the applicable rules. Samples of some of the required documents include but are not to the following:

- Loading License Application and a application fee of \$7,500 (check or money order made payable to NYC Business Integrity Commission) 2 year license period.
- Notarized Certifications (on behalf of applicant business and by each principal)
- Notarized Releases (on behalf of applicant business and by each principal)
- Documents related to the organization of the applicant business<sup>1</sup>
- Purchase and Sale Agreements, if applicable
- Documents relating to any forfeiture, receivership or independent monitoring
- Documents relating to contested tax proceeding
- Principal Disclosure (for each principal) along with a \$600 background investigative fee for each principal
- Photograph (for each principal) (at the time the proposal and license application are submitted to the Commission, the Licensing Unit will schedule the taking of the photograph)
- Fingerprint (for each principal) with a fee of \$75.00 in money order made payable to NYC Business Integrity Commission (at the time the proposal and license application are submitted to the Commission, the Licensing Unit will schedule the taking of the fingerprint)

**THE APPLICANT MUST SUBMIT AN ORIGINAL PLUS ONE COPY OF THE APPLICATION AND ALL DOCUMENTS.**

**WE ACCEPT ALL MAJOR CREDIT CARDS**

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<sup>1</sup> If a sole proprietorship, a certified copy of the Certificate of Doing Business filed with the County Clerk.

If a partnership, a certified copy of the Certificate of Partnership filed with the County Clerk and a copy of the current partnership agreement.

If a corporation, a certified copy of the Certificate of Incorporation and copies other current bylaws and last annual report, including financial statement.

## **LOADING LICENSE APPLICATION**

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Each page submitted by the applicant must contain in the lower left hand corner the applicant's social security<sup>2</sup> or tax identification number and each page must be numbered sequentially as "Page \_\_\_ of \_\_\_ pages" (e.g., if a twenty-five page application were submitted, the first page would be marked: "Page 1 of 25 pages").

Applicant requiring additional space to complete any answer may attach additional pages to the application. Indicate on the top of each such additional page, the Part and question number to which the additional page relates. The Schedules in the application also may be copied if additional schedule pages are needed. All additional pages and Schedules also must be identified in the lower left-hand corner with the applicant's social security or tax identification number. Each added page must be numbered sequentially like the rest of the application (e.g., "Page \_\_\_ of \_\_\_ pages").

The applicant is under a continuing obligation to update answers to application questions marked with an asterisk (\*). Any change in the answer to such a question, must be provided to the Commission in writing, as specifically set forth in Title 22, Chapters 1-A and 1-B of the Code and the rules promulgated thereunder, or otherwise no later than thirty (30) days after the change occurs. The applicant's continuing obligation begins upon submission of the registration application and extends throughout the processing period and any license term.

### **NOTARIZED CERTIFICATIONS**

Upon completion of the application and all of its attachments, two documents must be executed by both the applicant business and each principal: a notarized certification form and a notarized release form. Principals of the applicant business must separately provide disclosures as noted below.

### **DISCLOSURE FORMS FOR INDIVIDUALS**

Each principal, as that term is defined, must complete a personal disclosure form. Principals must complete the "Principal Disclosure Form" and the notarized certification attached to the Principal Disclosure Form (in addition to the notarized certification for the license application itself).

### **FINGERPRINTS AND PHOTOGRAPHS**

All principals of the applicant business must be photographed and fingerprinted by the Commission. The Licensing Unit of the Commission will schedule principals to be photographed and fingerprinted.

### **EMPLOYEE'S CLASS A PHOTO IDENTIFICATION APPLICATION**

Also, each employee of the applicant business must submit an Application for a Class A Photo Identification, which, upon approval, permits the employee to work in the public wholesale market for the applicant business. The employee must be fingerprinted and photographed. The \$75 fingerprint fee (check or money order made payable to NYC Business Integrity Commission) and the \$200 background investigation fee must be submitted with the Application for a Class A Photo Identification. The \$150 photo identification fee must be paid when the application is submitted.

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<sup>2</sup>Section 1-24 of Subchapter 1-B of Title 66 of the Rules of the City of New York requires that responses to requests for licensing proposals include the social numbers of the applicant. These social security numbers may be used to locate information concerning the applicant. Refusal to provide these numbers is not grounds for refusal to issue a license.

## **ISSUANCE OF A LOADING LICENSE**

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If the applicant business is selected to provide loading services, before a loading license is issued, the applicant must:

- Submit proof that the insurance policies<sup>3</sup> required in Title 66, Chapter 1, Subchapter B, Section 1-25(g) have been secured:
  - Workers' compensation and disability benefits coverage, or proof of exemption
  - Liability insurance against claims for injuries to persons or damage to property
  - Commercial General Liability Insurance with liability limits of no less than \$500,000 combined single limit per occurrence for bodily injury, personal and property damage. The maximum deductible for such insurance shall be no more than \$25,000
  - Business Automobile Liability Insurance covering every vehicle operated by the licensee's business, whether or not owned by the licensee, and every vehicle hired by the licensee with liability limits of no less than one million dollars (\$1,000,000) combined single limit per accident for bodily injury and property damage.
  - Employers' Liability Insurance with limits of \$1,000,000 per accident.

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**All applications may be submitted in person or mailed to:**

**NYC Business Integrity Commission  
100 Church Street, 20<sup>th</sup> Floor  
New York, 10007**

**If you have any questions about this application, please call 212-676-6222.**

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<sup>3</sup> The policy or policies of insurance required by Title 66, Chapter 1, Section 1-25 of the Rules of the City of New York shall name the City of New York and the Business Integrity Commission shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except upon sixty days prior written notice to the Commission. Failure to maintain continuous insurance coverage meeting the requirements of these rules will result in automatic cancellation of the license. Such policy or policies of insurance shall be obtained from a company, or companies, duly authorized to do business in the State of New York with a Best's rating of no less than A:X unless specific approval has been granted by the Mayor's Office of Operations to accept a company with a lower rating. Two certificates of insurance effecting the required coverage and signed by a person authorized by the insurer to bind coverage on its behalf, must be delivered to the Commission prior to the effective date of the license.



PUBLIC WHOLESALE MARKETS
LOADING LICENSE APPLICATION

OFFICE USE ONLY

APPLICATION #: DATE RECEIVED:
RECEIVED BY:

PART I - APPLICANT BUSINESS IDENTIFYING INFORMATION

\*1. Name of applicant business. Also list trade name and registration application name, if different:

Business Name:

Trade Name:

\*2. Main Office:

\*3. Mailing Address:

\*4. Business telephone number(s): Fax Number:

\*5. Cellular Number:

\*6. Electronic Addresses:

Website: E-mail Address:

\*7. Agent for Service of Process in New York City. State the name, address, and telephone number of the person of suitable age and discretion who shall be designated as applicant business' agent for service of process in New York City. The agent for service of process must be located with the five boroughs of New York City.

Name:

Address:

Telephone No.: Fax Number:

\*(Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within thirty (30) calendar days of the material change. However, the Commission shall be notified at least ten (10) business days of the proposed addition of a new principal.

Tax ID or SSN:

8. **Type of Organization** (check one):

a. \_\_\_\_\_ Sole Proprietorship (i.e., company is not incorporated and does business under the name of a person having ownership interest or under an assumed name, doing business as name, or trade name). **Attach a certified copy of the Certificate of Doing Business filed with the County Clerk in the county in which the business is located.**

b. \_\_\_\_\_ Partnership. (Check one). **Attach copy of current partnership agreement and Certificate of Partnership, certified by the County Clerk in the county in which the business is located.**

\_\_\_\_\_ General Partnership

\_\_\_\_\_ Limited Partnership (L.P.)

\_\_\_\_\_ Limited Liability Partnership (L.L.P.)

c. \_\_\_\_\_ Corporation. **Attach copy of the Certificate of Incorporation filed with the Secretary of State. If the applicant business is not incorporated in New York State, also attach a certified copy of the Authority to Do Business certificate issued by the New York Secretary of State.**

9. If applicant business is a corporation, provide the tax identification number. Or, if a partnership or sole proprietorship, provide the social security numbers of all principals.

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10. **Past Names Used By Applicant Business.** List all names and address which the applicant has done business under, including but not limited to trade names, doing business as (d/b/a), and aliases, and the time periods.

Name and Address	From (Year)	To (Year)

\*11. **Affiliated Companies.** List all affiliates (i.e., parent and subsidiaries) of the applicant business.

Name and Address of Affiliated Company	Nature of Relationship (parent, subsidiary, partner, etc.)	Length of Relationship

Tax ID or SSN: \_\_\_\_\_

**\*12. Current Principals.** On **Schedule A**, identify all individuals who are current principals of applicant business and provide the information requested. **A principal disclosure form shall be submitted for each current principal who shall also appear at the Business Integrity Commission to be photographed and fingerprinted.**

**13. Past Principals.** Identify and provide below information for any person or entity who was a principal of the applicant business at any point during the past (10) ten years.

	<b>Past Principal #1</b>	<b>Past Principal #2</b>
Name (first, middle and last) Also include maiden name where Applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

**13. Past Principals (cont.)**

	<b>Past Principal #3</b>	<b>Past Principal #4</b>
Name (first, middle and last) Also include maiden name where Applicable		
Home Address (es)		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

Tax ID or SSN: \_\_\_\_\_

14. **Beneficial Interest.** Identify below all individuals, not already identified in question 12 or question 13 above, who have or have had beneficial interest<sup>4</sup> in the applicant business at any point during the past 10 years, and disclose the required information.

	<b>Beneficial Holder #1</b>	<b>Beneficial Holder #2</b>
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Name of Employer and Address of (if applicable)		
Employer Telephone Number		
If Employed by Applicant, State Job Title and Dates During Which Job Was Held		
Nature and Percentage of Beneficial Interest in Applicant Business		
How Beneficial Interest Was Acquired (i.e. purchase & purchase price, inheritance, etc.)		

<sup>4</sup> As defined in Appendix A to this application.

**14. Beneficial Interest (cont.)**

	<b>Beneficial Holder #3</b>	<b>Beneficial Holder #4</b>
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Name of Employer and Address of (if applicable)		
Employer Telephone Number		
If Employed by Applicant, State Job Title and Dates During Which Job Was Held		
Nature and Percentage of Beneficial Interest in Applicant Business		
How Beneficial Interest Was Acquired (i.e. purchase & purchase price, inheritance, etc.)		

Tax ID or SSN: \_\_\_\_\_

15. Has the applicant business acquired another business(es) within the past 10 years?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the information below, and **attach a copy of any purchase and sale agreement.**

	Acquisition #1	Acquisition #2	Acquisition #3	Acquisition #4
Seller's Name and Address				
Date of Purchase				

\*16. Does the applicant business share any office space, staff or equipment, including but not limited to telephone lines, with any other business or organization  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide details below, including what is shared, under what terms, and the name(s) of entity(ies) or individual(s) with whom it is shared.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. How many individuals (not including principals) does the applicant currently employ? \_\_\_\_\_

18. Are individuals employed by the applicant (including principals of the applicant) members of a union?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the name(s) of the union(s), including the local(s) if applicable, and the number of employees/principals of the applicant business belong to each union.

Name and Address of Union and Local	Number of Applicant Business' Employees and Principals Who Are Members

\*19. **Employee Information.** On Schedule B, list the names, resident addresses, phone numbers, dates of birth, social security numbers, positions, work hours per week, and date hired for all employees hired or will be hired by the applicant business.

Tax ID or SSN: \_\_\_\_\_

\*20. **Operators of Vehicles.** On Schedule C, list each employee and principal who will operate a vehicle during the conduct of the applicant business, and provide the operator’s name, driver’s license number(s), class(es) and expiration date.

\*21. **Vehicles.** On **Schedule D**, list all vehicles, including but not limited to “hi-los,” used during the course of the applicant business, and disclose vehicle identification numbers, registration numbers and license plate numbers for each vehicle. If none, state “none.”

\*22. Does the applicant business, any of its parents, subsidiaries, or affiliates have any interest in another business(es)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes,” provide details below.

Name of Applicant Business, Parent, Subsidiary or Affiliate	Name and Address of Business	Type of Business	Nature and Amount of Interest

\*23. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant’s principals ever been issued a license, permit, registration or authorization to operate from any government agency  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Holder	Type of License, Permit, etc.	Term of License, Permit, etc.	Date of Issuance	Issuing Authority	Status (Current, Expired)

\*24. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's principals ever had a license, permit, registration or authority to operate from any government agency denied, suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the following information.

Name of Holder	Date of Denial, Suspension or Revocation	Agency	Reason

**PART II – CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY**

25. Has the applicant business or any of its present principals presently or previously held any position(s), office(s), trusteeship(s), directorship(s) or fiduciary position(s) with any other business entity?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes,” provide details below.

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26. Has the applicant business or any of its principals been denied, suspended or removed from any trusteeship or any other fiduciary position?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes,” provide details below.

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27. Has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) been convicted of any misdemeanor or felony in any jurisdiction? Do not include traffic violations.

\_\_\_\_\_ Yes \_\_\_\_\_

If “Yes,” provide the details below.

Name	Date of Arrest	Date of Conviction	Indictment No.	Charges and Sentence	Court and Jurisdiction

\*28. Are there any misdemeanor or felony charges pending against the applicant business, its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

Name	Date of Arrest	Indictment No.	Charge	Status	Court and Jurisdiction

\*29. Are there any civil actions brought by a government agency pending against the applicant business, its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

Name	Docket or Case No. and Date	Charge	Status	Court and Jurisdiction

30. During the past five (5) years, has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction:

a. been the subject, party, or target of any criminal or civil investigation by a prosecutorial agency, governmental agency, court, committee, grand jury or investigative body (municipal, state, county, provincial, federal, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body?

\_\_\_\_\_ Yes \_\_\_\_\_ No

c. received a subpoena requiring the production of documents in connection with a federal, state or local investigation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. been called to testify before any agency specified in question 18(a) above?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered “yes” to any of the questions 30(a)-(d) above, provide the following details.

Name	Name and Address of Court or Agency	Nature of Proceedings or Investigation	Name and Position of Person Who Provided Testimony	Date on Which Testimony was Given	Date of Investigation

31. During the past five (5) years has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) in any jurisdiction:

a. been cited for contempt of any court, grand jury, or legislative, civil, criminal or administrative body?  
 Yes  No

b. entered a plea of nolo contendere, judicial consent decree, administrative order on consent or similar agreement, or been the subject of a default decree?  
 Yes  No

c. been subject to an injunction in any judicial action or proceeding ?  
 Yes  No

d. been granted immunity from prosecution for any conduct constituting a crime under state for federal law?  
 Yes  No

e. refused to testify or answer any question in any criminal, civil or administrative proceeding?  
 Yes  No

f. been the subject of administrative charges for which the potential sanction was suspension or revocation of a license, permit or registration or a fine, penalty or settlement of \$5,000 or more?  
 Yes  No

If you answered “yes” to any of the questions 31(a)-(f) above, provide the following details.

Name	Name and Address of Court or Agency	Nature of Proceedings or Investigation	Name and Position of Person Who Provided Testimony	Date on Which Testimony was Given	Date of Investigation or Consent Decree

32. Has the applicant business, any of its parents, subsidiaries, affiliates, current principals, or past principals (who were principals of the applicant business within the last three (3) years) ever engaged in, or knowingly permitted to occur any of the following:

a. filed with a government agency or submitted to a government employee, in any jurisdiction, any document which you knew contained a false statement or false information?  
 Yes  No

b. falsified the records of any business or enterprise of any kind?  
 Yes  No

c. given, or offered to give, money or any other benefit to a public servant with intent to influence that public servant with respect to any of his or her official acts, duties or decisions?  
 Yes  No

d. given, or offered to give, money or other benefit to an official or employee of a private business with intent to induce that official or employee to engage in unethical or illegal business practices?  
 Yes  No

e. given, or offered to give, money or thing of value to a labor official with intent to influence that labor official with respect to any of his or her official acts, duties or decisions as a labor official?  
 Yes  No

f. given any money or thing of value to a labor union or labor official or representative that was not expressly permitted by section (c) of the Taft-Hartley Act, 29 U.S.C. Section 186?  
 Yes  No

If you answered "yes" to any of the questions 32(a)-(f) above, provide the following details.

Name of Labor Union or Organization	Name of the Agency Involved	Name of the Public Official Involved	Date of Occurrence	Amount of Money Involved	Document Involved

33. Has the applicant business, any current principals, or any past principals (who were principals of the applicant business within the last three (3) years) ever been subject to any investigation by a municipal, state or federal agency of any alleged violation of civil law involving racketeering or the potential forfeiture of any asset?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes," provide the following details.

Name	Agency or Court	Nature of Investigation or Charges	Indictment, Docket, or Index No.	Status

\*34. Are there any other charges, including, but not limited to, administrative charges by municipal, state or federal agencies, such as the Department of Health, Department of Environmental Protection, Environmental Protection Agency, Department of Labor, or Occupational Safety and Health Administration, presently pending against the applicant business or any current or past principal of the applicant business?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," provide the details below.

Agency or Court	Nature of the Investigation/Charges	Status

**PART III – FINANCIAL INFORMATION**

35. **Financial Accounts.** List each financial account, domestic or foreign, used by the applicant business during the past five (5) years, including but not limited to, any right of ownership in, control over or interest in any bank account, safe deposit box, credit union, accounts at brokerage firms or other financial institutions, regardless of whether such account was held in the name of the corporation, a nominee of the corporation or was otherwise under the direct or indirect control of the corporation, and provide the following information.

Type of Account	Name and Address of Financial Institution	Account No.	Name & Telephone No. of Account Officer	Names and Addresses of All Persons Authorized to Sign on Behalf of Applicant Business

36. **Real Property.** List below each direct or indirect interest in real property currently held by the applicant business. If none, state "none."

Address	Person or Entity From Whom Acquired	Co-Owners & Addresses	Approximate Purchase or Rental Cost	Approximate Current Value

37. **Loans Owed to Applicant Business.** List below all loans made or notes held by applicant business in excess of \$5,000 which are currently outstanding. (This refers to monies that are owed to the applicant business). If none, state "none."

Name and Address of Debtor	Original Amount & Date of Loan	Terms of Loan & Security, if any	Approximate Balance Outstanding

38. **Indebtedness.** List below any indebtedness, including, but not limited to, loans, lines of credit, and mortgages on real property (other than primary residence) in excess of \$5,000 owed by the applicant business. If none, state "none."

Name and Address of Creditor	Account No.	Amount of Indebtedness	Maturity Date	Terms of Payment	Name and Telephone No. of Loan Officer

39. In the past ten (10) years, has the applicant business, its parents, subsidiaries or affiliated companies or any predecessors of these companies ever been subject to the appointment of an independent auditor, monitor, receiver or trustee or subject to forfeiture?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the information below.

Name	Name and Address of Auditor, Monitor, Receiver or Trustee	Nature of Audit, Monitorship, Receivership or Trusteeship	Dates of Audit, Monitorship, Receivership or Trusteeship

40. **Bankruptcy.** Has the applicant business, its parents, subsidiaries, affiliates or any predecessors of these companies had any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law filed by or against it in the last ten (10) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," **attach a copy of the petition** and provide the information below:

Name of Petitioner	Court/ Jurisdiction & Docket No.	Date of Filing	Status

41. Have the applicant business and all current principals of the applicant business filed all required tax returns (including, but not limited to, income, business, unincorporated business, sales, commercial rent, property taxes on New York City realty, and unemployment insurance returns) for each of the past three (3) years by the due date or within a properly obtained extension period?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “no,” provide the following information:

- a. The year(s) in which the applicant business or principal did not file by the due date or a properly obtained extension, the type of return involved, and, where applicable, whether the delayed filing relates to Federal, State or Local tax returns.

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- b. The address of the applicant business or principal during the year(s) in question.

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- c. The date(s) when the applicant business or principal filed the late return(s).

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- d. The reason(s) for the late or non-filing.

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- e. Any penalty assessed for the year(s) in question.

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42. Has the applicant business and all principals of the applicant business paid all federal, state and local income and business taxes for which applicant business or principal is liable for the three (3) years preceding the date this application is submitted?

If “no,” explain why not. **(If the applicant business or any of the principals is contesting such taxes in a pending judicial or administrative proceeding, please attach the relevant documentation.)**

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43. **Tax Liens.** List below any tax liens entered against the applicant business or any of its current principals by any tax authority. If none, state "none."

<b>Name of Tax Lien Debtor</b>	<b>Name of Tax Authority</b>	<b>Original Amount of Tax Lien</b>	<b>Date Lien Entered &amp; Docket No.</b>	<b>Amount Outstanding</b>

44. List below any monies currently owed by the applicant business or principal to tax authorities, other than those tax debts for which liens have been entered against the applicant business or principal already listed in Question #43 above. Indicate the status of the matter (i.e., the date by which applicant business or principal will make payment, whether the tax authorities have instituted proceedings against the applicant, etc.). If none, state "none."

<b>Name</b>	<b>Name of Tax Authority</b>	<b>Date</b>	<b>Amount</b>	<b>Status</b>

45. Identify all persons or entities from whom the applicant business or any principal has received gifts valued at \$1,000 or more during the past three (3) years. If none, state "none."

<b>Source of Gift, Including Name and Address</b>	<b>Recipient</b>	<b>Relationship of Source of Gift to Applicant</b>	<b>Nature and Amount of Gift</b>	<b>Date of Gift</b>

46. List all persons or entities to whom/which the applicant business or any principal of the applicant business has given has given gifts valued at \$1,000 or more during the past three (3) years, excluding any organization recognized by the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code. If none, state "none."

<b>Recipient</b>	<b>Identify Principal Who Gave Gift, If Applicant Business, So State</b>	<b>Relationship of Recipient to Applicant Business or Principal</b>	<b>Nature and Amount of Gift</b>	<b>Date of Gift</b>

**SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS**

	<b>Principal #1</b>	<b>Principal #2</b>
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cellular Number(s)		
Date of Birth		
Social Security Number(s)		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

Tax ID or SSN: \_\_\_\_\_

**SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS (cont.)**

	<b>Principal #3</b>	<b>Principal #4</b>
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cellular Number(s)		
Date of Birth		
Social Security Number(s)		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

Tax ID or SSN: \_\_\_\_\_







**CERTIFICATION**

**This certification must be completed by the applicant business and all of its principals before a notary public.**

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A PUBLIC WHOLESALE MARKET LOADING LICENSE, THEREBY PRECLUDING THE APPLICANT FROM OPERATING AS AN LOADER IN THE CITY’S PUBLIC WHOLESALE MARKETS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, \_\_\_\_\_, being duly sworn, state: that I am  
(Full Name)

\_\_\_\_\_ of \_\_\_\_\_; and  
(Title/Position) (Applicant Name)

I have read and understood the questions contained in the attached application and its attachments, which consists of \_\_\_\_\_ pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant an loading license to operate in the City’s public wholesale markets.

\_\_\_\_\_  
(Signature of Applicant’s Principal)

By: \_\_\_\_\_  
(If corporation or partnership, state title)

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public



# MARKETS APPLICATION CHECKLIST

*We have created a checklist to help you make sure that  
Your application is complete before you submit it.*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Did you answer every question completely?</b> We do not accept applications with questions left blank or with “same” written to repeat an answer. | <input type="checkbox"/> Is there a completed <b>Certification and Release Authorization form</b> signed and notarized by <u>each Principal</u> ? |
| <input type="checkbox"/> <b>Principal Information Form</b> needed for every new Principal listed.   | <input type="checkbox"/> <b>Did you include payment for all appropriate fees?</b>   |

## Renewal Applications:

## New Applications:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Certificate of General Liability Insurance</b>   | <input type="checkbox"/> Did you include a copy of your <b>Certificate of Incorporation, Filing Receipt or Business Certificate filed with your County Clerk?</b> If your business is incorporated or registered outside of New York State, an Authority to do Business in New York State Certificate must also be submitted. |
| <input type="checkbox"/> <b>Certificate of Worker’s Compensation Insurance or Exemption from Worker’s Compensation Insurance</b> | <input type="checkbox"/> If applicable, documents related to: <ul style="list-style-type: none"><li>○ <b>Purchase and Sales Agreements</b></li><li>○ <b>Contested tax proceedings</b></li><li>○ <b>Forfeiture, receivership or independent monitoring</b></li></ul>   |
| <input type="checkbox"/> <b>Copy of your Lease or Sublease Agreement</b>   | <input type="checkbox"/> For corporations, limited liability corporations and partnerships: <ul style="list-style-type: none"><li>○ Did you include a copy of your <b>Corporate or Partnership Tax Return Form</b> (i.e. 1120 form, 1120-S form)?</li><li>○ Sole proprietorship include copy of your tax return</li></ul>     |
|  | <input type="checkbox"/> <b>Copy of your Lease or Sublease Agreement</b> (if applicable)  |

**\*\*\* All Checks or money orders must be made payable to “NYC Business Integrity Commission”.  
Checks must be in the company’s name and signed by a Principal of the applicant business\*\*\***

**ALL MAJOR CREDIT CARDS ACCEPTED**

New York City Business Integrity Commission  
100 Church Street, 20<sup>th</sup> Floor, New York, NY 10007

***Questions? Call us at 212-676-6219***

Rev. 2/11