



**Department of
Consumer Affairs**

BASIC INDIVIDUAL LICENSE APPLICATION

Please print.

Applicant Information

Last Name	Suffix, e.g., Jr., Sr., Esq. (optional)	First Name	Middle Name (optional)
Home Address (Building Number, Street Name, Unit, e.g., Floor, Suite)			
City and State	ZIP Code	Borough (check one):	
		<input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 03-Brooklyn	<input type="checkbox"/> 04-Queens <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 08-Outside NYC
Country			
Home Telephone Number () () () () () ()		E-mail	
*Social Security Number or Individual Taxpayer Identification Number <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"/> <input type="text"/> <input type="text"/>			
Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			
*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.			

Contact Mailing Information

If you want DCA correspondence addressed and mailed to a location other than your Home Address, please complete the information below.

Mailing Address (Building Number, Street Name, Unit, e.g., Floor, Suite, or P.O. Box Number)			
City and State	ZIP Code	Borough (check one):	
		<input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 03-Brooklyn	<input type="checkbox"/> 04-Queens <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 08-Outside NYC
Country			

Employer Information

Are you self-employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently or about to be employed in the trade for which you are seeking a license? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES," complete the section below.		
Employer Name		
Employer's Department of Consumer Affairs (DCA) license number, if any		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
If your employer is a business that requires a DCA license, it is in your best interest to make sure your employer's license is current.		
Employer's Business Address (<i>Building Number, Street Name, Unit, e.g., Floor, Suite</i>)		
City and State	ZIP Code	Borough (check one):
		<input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Outside NYC
Country		
Business Telephone Number ()	Employer's 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:

Name of the Business or Individual Involved	
Business or Home Address Associated with the License	
DCA License Number	

2. Has this individual ever had a DCA license denied, suspended, or revoked?

YES NO

If YES, provide the following information:

Name of the Business or Individual Involved	
Business or Home Address Associated with the License	
DCA License Number	

3. Is this individual related by blood or marriage to any individual who is or who ever has been licensed by DCA, or who serves, or has ever served, as an officer, director, shareholder, or partner in an entity licensed by DCA?

YES NO

If YES, provide the following information:

Relative's Name	
Relationship to Applicant	
Name of the Business or Individual Involved	
Business or Home Address Associated with the License	
DCA License Number	

4. Has this individual ever been an officer, director, shareholder, or partner of an entity licensed by DCA? YES NO

If YES, provide the following information:

Name of the Business or Individual Involved	
Business or Home Address Associated with the License	
DCA License Number	

If you answer YES for any of the following questions, 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 been found guilty of a crime, offense, or violation? YES NO
If YES, please provide a description of the crime, offense, or violation.

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6. Is there any kind of criminal charge whatsoever pending against this individual? YES NO
If YES, please provide a description of the circumstances of the arrest.

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7. Is there any civil charge (including administrative charge) pending against this individual? YES NO
If YES, please provide a description of the civil and/or administrative charge.

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8. Is there any DCA-issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or other order now in effect and/or pending against this individual or any business operated by this individual? YES NO
If YES, please provide a description of the order, including all DCA-imposed obligations to pay fines or restitution that have not been satisfied in full.

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9. Has any court rendered a judgment against this individual or any business operated by this individual for activity related to the conduct of a business? YES NO
If YES, please provide a description of the court judgment.

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10. Is there any judgment against this individual or any business operated by this individual that has not been paid in full for 30 days or more? YES NO

If YES, please provide a description of the judgment.

AFFIRMATION – Please read, check box, 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 checking the box above, I understand and agree that:

- I am swearing or affirming that I have told the truth on this Application.

Applicant's Signature

Applicant's Title (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.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

Application number									CAMIS number								
Code				Class		Subclass		Item count									
Type					HIC/Landscaper	<input type="checkbox"/> Yes <input type="checkbox"/> No		CSC Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No								

PROCESSING THE APPLICATION

1a. Are there any unpaid fines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
1b. If YES , is there a clearance letter attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2a. Was a 10-day letter issued?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2b. If YES , give reason ↓	
<hr/> Processor's Signature ↓ <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING Date ↓	

ADMINISTRATIVE DISPOSITION

Application Status ➔	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date ➔
Processor's Signature		
FINGERPRINTS		
Date fingerprints were taken	Number of fingerprints taken for one application	
Fingerprints were taken by (Counter staff's name)		

07-28-2010