



**Sight-Seeing Bus Stop Permit Assignment through Random Ranking**

**Application**

**APPLICANT INFORMATION**

**Legal Name:**

**Doing Business as Certificate:**

**Address:**

**Telephone Number:**

**Email Address:**

**Contact Person:**

**BACKGROUND INFORMATION**

**Department of Consumer Affairs License**

**Does the applicant have a Department of Consumer Affairs License?**

**If yes, provide the following information.**

**DCA License Number:**

**Vehicle Inspection Report:**

**Are you able to provide the insurance policy listing vehicle identification number for all the buses? Yes / No**

**Are you able to provide the insurance identification cards for all the buses? Yes / No**

**Length of the buses:**

**Vehicle Type (open top bus or regular bus):**

**Double Decker: Yes / No**

**Passengers anticipated for each bus:**

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**Planned route citywide:**

**List of DOT approved bus stops:**

**Daily schedule:**

**Parking/garage location:**

**NYC Department of Transportation**

**Division of Traffic Operations**

58-50 57 Road, 2<sup>nd</sup> Floor, Room 209 Maspeth, New York, 11378

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