

Dealer in Products for the Disabled License

Business Name:

OS MED SUPPLIES CORPORATION

DBA/Trade Name:**Business Address:**

262 W 38TH ST RM 1404

NEW YORK, NY 10018-9149

License Number: 2108561-DCA

Issued: 09/01/2022 **Expires:** 03/15/2023



6334-2022-ADPD

New York City Department of Consumer and Worker Protection
42 Broadway, New York, NY 10004

For complaints, contact:

311 | nyc.gov/dcwp



Eric L. Adams
Mayor

**Consumer and
Worker Protection**

Vilda Vera Mayuga
Commissioner

OS MED SUPPLIES CORPORATION
222 E 44TH ST APT 27J
NEW YORK, NY 10017-4464

PIN: 366656019



Department of
Consumer Affairs

0334-2022-ADPD

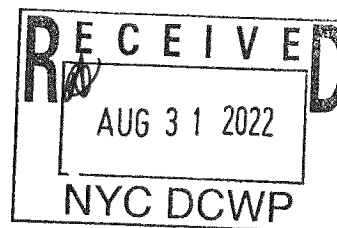
BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- | | |
|--|---|
| <input type="checkbox"/> Business/General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |



If your Business's legal structure is Sole Proprietorship, complete Sections 1, 2, and 4.

If your Business's legal structure is NOT Sole Proprietorship, complete Sections 1, 3, and 4.

Business Information

Business Name (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) OS MED Supplies Corporation				
Doing-Business-As (DBA)/Trade Name (The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 262 WEST 38th STREET, Suite 1404				
City New York	State NY	ZIP Code 10018	Country/Region USA	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside of NYC
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.) OSTARKER@gmail.com				
Phone 1 (Primary) (212) 786-2334	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 87-2207425		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number (You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.) The Sales Tax Identification Number is the 9, 10, or 11-digit number on your New York State Department of Taxation and Finance Certificate of Authority. If you have not received your Certificate of Authority, please enter the 6-digit confirmation number you received when you successfully submitted the application for a Certificate of Authority. 872207425- - or - - - - -		

Contact Mailing Information

If you want DCA correspondence addressed and mailed to a contact other than the business name and address provided on page 1, please complete the information below.

First Name OSCAR	Middle Name (optional)	Last Name STARKER	
Title/Position (Check one box only.)	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input checked="" type="checkbox"/> President <input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other (Please specify.)
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 222 EAST 44 th STREET, Apt. 27J			
City NEW YORK	State NY	ZIP Code 10017	Country/Region USA

Providing Social Security Number or Individual Taxpayer Identification Number in Sections 2 and 3 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.

Section 2 - Sole Proprietorship

Last Name		Suffix (<i>Jr., Sr., Esq.</i>) (optional)		First Name		Middle Name (optional)	
Social Security Number or Individual Taxpayer Identification Number <div> <div><div></div><div></div><div></div></div> <div>-</div> <div><div></div><div></div><div></div></div> <div>-</div> <div><div></div><div></div><div></div><div></div></div> </div>							
Home Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)							
City		State		ZIP Code		Country/Region	

Section 3 – General Partners, Corporate Officers, Shareholders, and Members

You must provide information on *all* general partners and *all* corporate officers and *each* shareholder owning 10% or more of the business applying for a license. Note: Limited Liability Companies must provide information on *all* members. Non-Profits must provide information on *all* officers and *all* Board of Directors members. **Attach additional sheets if necessary.**

Important: If the partner or shareholder is a business (rather than an individual), DCA will verify active status prior to license issuance. Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the New York State Department of State. If you file your application in person, DCA can print a copy of the partner's or shareholder's Certificate of Incorporation and/or Certificate of Authority to Conduct Business in New York from the New York State Department of State's website.

See page 3.

General Partners, Corporate Officers, Shareholders, and Members

Individual #1

632847

Last Name STARKER	Suffix (Jr., Sr., Esq.) (optional)	First Name OSCAR	Middle Name (optional)
Title/Position (Check one box only.)	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input checked="" type="checkbox"/> President <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other	
Social Security Number or Individual Taxpayer Identification Number [REDACTED]		% of Ownership 100	
Home Address (Building Number, Street Name, Apartment/Suite/Other) [REDACTED]			
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]	Country/Region USA

Individual #2

Last Name	Suffix (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Title/Position (Check one box only.)	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> President <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other	
Social Security Number or Individual Taxpayer Identification Number [REDACTED]		% of Ownership	
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region

Business #1

Business Name OS MED Supplies Corporation			
Employer Identification Number (EIN) 87-2207425			% of Ownership 100
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 222 EAST 44th Street, Apt. 27 J			
City NEW YORK	State NY	ZIP Code 10017	Country/Region USA
Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside of NYC			

Business #2

Business Name				
Employer Identification Number (EIN) <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></div>				% of Ownership
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)				
City	State	ZIP Code	Country/Region	Borough: <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

Section 4: Applicant Background Questions – All applicants

Please answer the questions below on behalf of *all* individuals named on the application (i.e., sole proprietorships, general partners, corporate officers, shareholders owning 10% or more of company stock, members, officers, Board of Directors members). **Attach additional sheets as necessary.**

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

2079689 - DCA
GLOBAL DME, Inc

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

2079689 - DCA
GLOBAL DME, Inc

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 this 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.

Oscar Starker
Signature
OSCAR STARKER
Print Full Name

PRESIDENT
Title/Position (if any)
08/30/2022
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.



Consumer and Worker Protection

August 31, 2022

OS MED SUPPLIES CORPORATION
222 E 44TH ST APT 27J
NEW YORK, NY 10017-4464

ACKNOWLEDGMENT OF APPLICATION

The Department of Consumer and Worker Protection (DCWP) received the following application for processing:

Record ID: 6334-2022-ADPD	Application Type: DCA/Premise/Dealer In Products/Application
License/Permit Type: Dealer In Products	License Number:
Application Submission Date: August 31, 2022	

Note:

- If your application is incomplete, i.e., you did not complete all requirements for the license, important information will appear below.
- If you owe money to the City or State, important information will appear below. You must be cleared of debts in order for DCWP to complete processing of your application.
- This is an Acknowledgment of your license application only. DCWP must complete our review of your application to make sure that you have met all requirements. We may contact you to provide more information.

You cannot operate your business until you receive an actual license document from DCWP or DCWP has given written permission to operate your business while your application is pending.

Your Application Number is not a License Number. The license document will include License Number.

You can follow the status of your application online via nyc.gov/BusinessToolbox. You will need to register an account if you have not done so already. You will need the information below:

- Record ID: 6334-2022-ADPD
- PIN: 305358330



6334-2022-ADPD



Submission Instructions

DCWP must receive this page and all required document(s) by September 25, 2022. You may submit documents in ONE of the following ways:

- o Email onlineappsdocs@dcwp.nyc.gov
- o Fax +1 718 935 6485
- o Mail to: Department of Consumer and Worker Protection, Attn: Licensing Center, 42 Broadway, New York, NY 10004
- o Schedule an appointment to submit your license application in person: Email: LicensingAppointments@dcwp.nyc.gov or by Phone. Call (212) 436-0441. (Monday - Friday, 8am - 4pm)
- o You can follow the status of your application online via nyc.gov/BusinessToolbox. You will need to register an account if you have not done so already. You will need the information below:
 - Record ID: 6334-2022-ADPD
 - PIN: 305358330

To Be Completed by Applicant

Check ONE of the following boxes and sign and date.

I have attached to this page all required document(s) and affirm that, to the best of my knowledge, all documents are true, correct, and complete.

Name (Print)	Signature
Title/Position	Date

OR

I withdraw my application.

Name (Print)	Signature
Title/Position	Date

For Office Use Only

Record ID: 6334-2022-ADPD License Number:	Application Type: DCA/Premise/Dealer In Products/Application
License/Permit Type: Dealer In Products	
Application Submission Date: August 31, 2022	



6334-2022-ADPD



September 1, 2022

OS MED SUPPLIES CORPORATION
222 E 44TH ST APT 27J
NEW YORK, NY 10017-4464

ACKNOWLEDGMENT OF APPLICATION

The Department of Consumer and Worker Protection (DCWP) received the following application for processing:

Record ID: 6334-2022-ADPD	Application Type: DCA/Premise/Dealer In Products/Application
License/Permit Type: Dealer In Products	License Number:
Application Submission Date: August 31, 2022	

Note:

- If your application is incomplete, i.e., you did not complete all requirements for the license, important information will appear below.
- If you owe money to the City or State, important information will appear below. You must be cleared of debts in order for DCWP to complete processing of your application.
- This is an Acknowledgment of your license application only. DCWP must complete our review of your application to make sure that you have met all requirements. We may contact you to provide more information.

You cannot operate your business until you receive an actual license document from DCWP or DCWP has given written permission to operate your business while your application is pending.

Your Application Number is not a License Number. The license document will include License Number.

You can follow the status of your application online via nyc.gov/BusinessToolbox. You will need to register an account if you have not done so already. You will need the information below:

- Record ID: 6334-2022-ADPD
- PIN: 305358330

IMPORTANT NOTICE: YOUR LICENSE APPLICATION IS INCOMPLETE

Action Required by September 26, 2022

To avoid denial of your application, you must complete the actions that are listed.

- **Submit required document(s) to DCWP.**

Basic License Application

Active license at premise address must be surrendered.



6334-2022-ADPD



Submission Instructions

DCWP must receive this page and all required document(s) by September 26, 2022. You may submit documents in ONE of the following ways:

- o Email onlineappsdocs@dcwp.nyc.gov
- o Fax +1 718 935 6485
- o Mail to: Department of Consumer and Worker Protection, Attn: Licensing Center, 42 Broadway, New York, NY 10004
- o Schedule an appointment to submit your license application in person: Email: LicensingAppointments@dcwp.nyc.gov or by Phone. Call (212) 436-0441. (Monday - Friday, 8am - 4pm)
- o You can follow the status of your application online via nyc.gov/BusinessToolbox. You will need to register an account if you have not done so already. You will need the information below:
 - Record ID: 6334-2022-ADPD
 - PIN: 305358330

To Be Completed by Applicant

Check ONE of the following boxes and sign and date.

I have attached to this page all required document(s) and affirm that, to the best of my knowledge, all documents are true, correct, and complete.

Name (Print)	Signature
Title/Position	Date

OR

I withdraw my application.

Name (Print)	Signature
Title/Position	Date

For Office Use Only

Record ID: 6334-2022-ADPD License Number:	Application Type: DCA/Premise/Dealer In Products/Application
License/Permit Type: Dealer In Products	
Application Submission Date: August 31, 2022	



6334-2022-ADPD



42 Broadway
New York, NY 10004
Dial 311 (212-NEW-YORK)

Receipt Number: 2165223

Receipt Print Date: Aug 31, 2022 12:50 PM

Payment Processor ID: OVIEDOA

Total Fee Item(s) Paid: 1

Fee Description	Fee Amount	Payment Amount	Payment to Date	Amount Still Owed
Dealer in Products for the Disabled License Fee	\$100.00	\$100.00	\$100.00	\$0.00
Record ID: 6334-2022-ADPD NOH Number: License Number:				
Contact Name : OS MED SUPPLIES CORPORATION				
Premise Address: 262 W 38TH ST RM 1404 NEW YORK NY 10018-9149				

Subtotal:	\$100.00	\$100.00	\$100.00	\$0.00
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Convenience Fee:	\$2.00
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Total Paid:	\$102.00
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Total Payment Methods: 1

Payment Method	Payor	Payment Amount
Credit Card [REDACTED] (Paid)		\$102.00

You cannot operate your business until you receive an actual license document from the Department of Consumer Affairs (DCA)

If you are an applicant for a new license, please note that Record ID is not a License Number. The license document will include License Number.

Have you visited the Consumer Affairs Business Toolbox yet? Go to nyc.gov/consumers which includes:

- Inspection Checklists
- Online Live Chat for businesses
- *10 Things Every Business Should Know* Guide
- Online licensing services, including paying fines



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dcwp

March 16, 2023

OS MED SUPPLIES CORPORATION
222 E 44TH ST APT 27J
NEW YORK, NY 10017-4464

Re : License Number: 2108561-DCA
Expiration Date: Mar 15, 2023

YOUR DEALER IN PRODUCTS LICENSE EXPIRED

You failed to renew your DEALER IN PRODUCTS license. **You cannot operate as a DEALER IN PRODUCTS until you receive your new license.** If you operate without a license, you may be subject to criminal and civil penalties.

Note:

If you do not submit your renewal application within 59 days after the license expiration date, you have to file a new application and resubmit all the required documents. **Even if you submit a renewal application, you cannot operate until you receive your new license.**

If you need a copy of the renewal package or have questions, call +1 212 487 4060.



2108561-DCA



The New York City Department of Consumer Affairs
LICENSING CENTER
42 Broadway
New York, NY 10004
Renewal Unit Telephone: +1 212 487 4060
nyc.gov/dcwp

RENEWAL LICENSE APPLICATION

Dealer In Products

PART 1: CONTACT INFORMATION

Mailing Address:

OS MED SUPPLIES CORPORATION
222 E 44TH ST APT 27J
NEW YORK, NY 10017-4464

Print Date: December 15, 2022

Premises Address:

262 W 38TH ST RM 1404
NEW YORK, NY 10018-9149

Fee: \$200.00

Item Count:

License Number: 2108561-DCA

Record ID: 2108561-DCA

License Expiration: 03/15/2023

PIN: 366656019

Telephone Number: 2127862334

Email: OSTAKER@GMAIL.COM

What is your Business's legal structure?

- | | |
|--|--|
| <input type="checkbox"/> Business/General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |

If your Business's legal structure is Sole Proprietorship, Business/General Partnership, or Limited Partnership, complete **PARTS 2, 3, 4, 5, and 6**.

All other legal structures, complete **PARTS 2, 3, and 6**.

PART 2: CHANGES TO CONTACT INFORMATION

Enter new contact information if different from above and EIN, if applicable.

New Mailing Address:	Employer Identification Number (EIN): <i>Required for sole proprietorships with paid employees, corporations, and partnerships.</i> <div><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"/></div>
New Telephone Number:	E-mail: <i>By providing your e-mail address, you consent to receive communications electronically from DCA, and you affirm that the e-mail listed is a reliable form of communication for you.</i>

PART 3: BACKGROUND QUESTIONS

Since you originally applied for this license or last completed a renewal application:

Please answer Background Questions on behalf of all individuals named on the application. "Individual" refers to sole proprietor; general partner; corporate officer; shareholder owning 10% or more of the business; member; officer; Board of Directors member.

- 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.
- Descriptions for questions relating to charges should include date of conviction, 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.

1. Has individual had ANY government-issued license/permit denied, suspended, or revoked? ☐ Yes ☐ No

If Yes, provide the following information:

License/Permit Type:	<div></div>
Government License/Permit Number:	<div></div>
Business/Individual Name:	<div></div>

2. Are there any pending charges against individual? ☐ Yes ☐ No

If Yes, provide the following information:

Type:	<input type="checkbox"/> Civil (Court or Government Agency) <input type="checkbox"/> Criminal
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Please explain.	<div></div>
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3. Has individual ever pled guilty or been convicted of ANY crime or offense? ☐ Yes ☐ No

If Yes, please explain.

4. Is there any court judgment against individual or individual's business? ☐ Yes ☐ No

If Yes, please explain and state if any judgment has not been paid in full for 30 days or more.

5. Has there been any change in the address(es) of the licensee? ☐ Yes ☐ No

If Yes, please explain.

Reminder: You must make any changes to PART 1 information in PART 2 on page 1. Use the space at right to explain changes to contact information for any other individual named on the application.

- If Yes**, please explain.

--	--

- If Yes, select one.**

☐ Arabic
 ☐ French
 ☐ Hindi
 ☐ Polish
 ☐ Vietnamese
☐ Bengali
 ☐ French-Creole
 ☐ Italian
 ☐ Russian
 ☐ Other. Please
☐ Cantonese
 ☐ Haitian Creole
 ☐ Korean
 ☐ Spanish
 specify:
☐ Farsi
 ☐ Hebrew
 ☐ Mandarin
 ☐ Urdu

A. You must provide the Social Security number or Individual Taxpayer Identification Number and Birth Date of each sole proprietor or individual general partner in your business so the City of New York can confirm that the individuals have no outstanding child support obligations.

Last Name	Suffix (<i>Jr., Sr., Esq.</i>)(optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □□□□-□□-□□□□□□		Birth Date (MM-DD-YYYY) □□-□□-□□□□□□	

- If Yes**, Individual #1 must answer **ALL** questions below.

- If your business has two or more individual general partners**, please submit a completed, signed Child Support Certification Form for each additional general partner. To get the form, visit **nyc.gov/BusinessToolbox** OR call DCA's Renewal Unit at **(212) 487-4060** to request a copy.

Under the NYC Charter and Administrative Code, the City requests Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) 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.

Note: If PART 4 individuals voluntarily gave SSN or ITIN in an earlier license application, you do not need to check a box for Part 5. The City will continue to rely on prior permission.

Do PART 4 individuals give the City of New York permission to use SSN or ITIN for the purposes described above?

☐ Yes ☐ No

PART 6: AFFIRMATION AND SIGNATURE

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 relating to the license which I am renewing.

I understand that the submission of this Application does not mean that my license has been renewed and that any operation of my business after the expiration of my current license and before the issuance of a new license may subject me to penalties. 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.

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 affirm that the statements in this application are true and correct.

Signature

Title/Position (if any)

Print Full Name

Date

If you would like to register to vote, go to **vote.nyc.ny.us**

Note: Whether you apply to register to vote or not, it will not affect the assistance DCA will provide you.

BELOW SPACE FOR DEPARTMENT USE ONLY

APPROVED BY: _____

DATE: _____