The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 437-0500 · Fax (646) 500-7096

PUBLIC MARKETS WHOLESALER, MARKET BUSINESS, AND SEAFOOD DELIVERER REGISTRATION RENEWAL APPLICATION

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS AND ALL QUESTIONS CAREFULLY AS THE APPLICATION HAS RECENTLY BEEN REVISED

Definitions of terms used in the application are set forth in Title 22, Chapter 1-B of the Administrative Code of the City of New York ("Code") and in Title 17, Chapter 2 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 wholesaler registration. **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

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 limited to the following:

- Wholesaler Registration Renewal Application
- Notarized Certifications (on behalf of applicant business and by each principal)
- Notarized Releases (on behalf of applicant business and by each principal)
- Principal Information Form (for each new principal)
- Submit proof that the insurance policies required in Title 17, Chapter 2 have been secured:[1]
- Workers' compensation and disability benefits coverage, or proof of exemption
- Liability insurance against claims for injuries to persons or damage to property consisting of:
  - -- Commercial General Liability Insurance with liability limits of no less that $1,000,000 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.
- Submit a check or money order in the amount of $4,000 (Registration Renewal Fee 3 Years). BIC also accepts all major credit cards[2].

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

Additional forms may be downloaded from our website at: www.nyc.gov/bic

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[1] The policy or policies of insurance required by these Rules 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.

[2] Effective Monday, December 2, 2013, due to City-wide policy, all credit card and debit card transactions will be charged a fee of 2.49% of the payment amount.

PUBLIC MARKETS WHOLESALER, MARKET BUSINESS, AND SEAFOOD DELIVER
REGISTRATION RENEWAL APPLICATION

Each page submitted by the applicant must contain in the lower left hand comer the applicant's social security 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 ten (10) 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 registration 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 the Principal Information disclosures as noted below.

PRINCIPAL INFORMATION FORMS FOR NEW INDIVIDUALS

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

THE COMMISSION WILL NOTIFY THE APPLICANT BY MAIL WHEN THE APPLICATION PROCESS IS COMPLETED AND A FINAL STATUS IS RENDERED.

NOTE: REQUEST(S) TO WITHDRAW AN APPLICATION WILL BE EVALUATED ON A CASE BY CASE BASIS AND WILL NOT NECESSARILY BE APPROVED.

All applications may be submitted in person or mailed to:

NYC Business Integrity Commission
100 Church Street, 20th Floor
New York, 10007

If you have any questions about this application, please call 212-437-0555.

The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 437-0500 · Fax (646) 500-7096

RENEWAL APPLICATION FOR A REGISTRATION AS A WHOLESALE BUSINESS, MARKET BUSINESS OR SEAFOOD DELIVERY BUSINESS

----------OFFICE USE ONLY----------

BIC Registration No.: _____ **Date Received:** _____

Fee Received: _____ **Initials:** _____

READ THE ACCOMPANYING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Name of Applicant Business ("applicant") _____

Electronic Addresses:

*Website: _____ *Email:_____

*1. **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 the applicant business' agent for service of process in New York City.

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

SINCE THE APPLICANT FILED ITS ORIGINAL REGISTRATION APPLICATION OR ITS LAST RENEWAL APPLICATION WITH THE COMMISSION:

*2. Has there been any change in the applicant's business name or trade name?
_____ Yes _____ No

If yes, provide the old and new names and a copy of the Certificate of Amendment of the Certificate of Incorporation (to reflect a name change) or Certificate of Assumed Name.

Old Name: _____

New Name: _____

*** (Asterisk) denotes material information on the application. Any change in the material information must be reported to the Business Integrity Commission, in a notarized writing, within thirty (30) calendar days of the change, except that a market business operating in a seafood distribution area, as defined in Title 17 of the Rules of the City of New York section 14-02, shall make such report within ten (10) calendar days of the change.**

Tax ID or SSN: _____

*3. Has there been any change in the applicant's main business location, or mailing address?
_____ Yes _____ No

If yes, provide the new information:

Business Location: _____

Mailing address: _____

*4. Have there been any changes in the applicant's telephone number(s), including cellular, fax, and/or pager number(s)?
_____ Yes _____ No

If yes, identify and provide the new numbers:

Business Number:_____

Fax Number: _____

Cellular Number: _____

*5. Does (or has) the applicant share(d) 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:

_____

_____

_____

_____

Tax ID or SSN: _____

Page _____ of Pages _____

*6. Has any license or permit issued by a government agency to the applicant or to any of the applicant's principals or affiliates, including, but not limited to a PACA license, been suspended or revoked?
_____ Yes _____ No

If yes, provide the details below.

Applicant, Principal, or Affiliate Name	**Agency**	**Type of License or Permit**	**Date of Violation**	**Date of Suspension or Revocation**	**Reason for Suspension or Revocation**

Tax ID or SSN: _____

Page _____ of Pages _____

*7. Has the applicant business, any current principal of the applicant business, any past principal of the applicant business, or any of the applicant business's affiliates, ever been convicted of any criminal offense in any jurisdiction?

_____ Yes _____ No

In answering this question, **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses).

If you answered "yes," provide the details below. (Use additional pages if necessary.) **(It is not necessary to provide information relating exclusively to traffic violations.)**

Applicant, Principal, Employee, or Affiliate Name	Date of Arrest	Type and Nature of Charge(s)	Indictment or Case No.	Court and Jurisdiction	Disposition or Status

*8. Has the applicant or any of the applicant's principals been charged with any civil or administrative violations by any governmental agency?

_____ Yes _____ No

If you answered "yes," provide the details below. (Use additional pages if necessary).

Applicant, or Principal Name	Agency	Date of Violation	Type and Nature of Charge(s)	Summons, Violation, or Case No.	Disposition or Status

Tax ID or SSN: _____

Page _____ of Pages _____

*9. Has the applicant or any of the applicant's principals or affiliates in any jurisdiction

a. been a party to or subject of any civil action or proceeding, or regulatory action or proceeding, in any jurisdiction?

_____ Yes _____ No

b. received a subpoena or been asked to testify before or supply any information to any court, grand jury, or legislative, administrative, or other government body concerning any matter?

_____ Yes _____ No

c. been the subject or target of any civil or criminal investigation by a prosecutorial agency, governmental agency, court, committee, grand jury or investigative body?

_____ Yes _____ No

NOTE: In answering 9(c), **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses).

If you answered "yes" to questions 9(a) – (c), provide the details below.

Licensee, Principal, or Affiliate Name	**Agency**	**Date of Violation**	**Type and Nature of Charge(s)**	**Summons, Violation, or Case No.**	**Disposition or Status**

*10. Has the applicant and its principals timely filed all tax returns and timely paid all taxes due and owing in all jurisdictions?

_____ Yes _____ No

If no, provide details below, including the name of the taxpayer, the amount owed (if any), and the tax authority involved.

_____

Tax ID or SSN: _____

Page _____ of Pages _____

*11. Has the applicant or any of the applicant's principals, employees, affiliates, or representatives associated in any manner with any member or associate of organized crime?
_____ Yes _____ No

If yes, describe all such associations in detail below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

*12. Has the applicant or any of the applicant's principals, employees, affiliates, or representatives associated in any manner with anyone who has been convicted of a felony?
_____ Yes _____ No

If yes, describe all such associations in detail below.

_____

_____

_____

_____

_____

_____

_____

_____

Tax ID or SSN: _____

Page _____ of Pages _____

*SCHEDULE A – PRINCIPALS OF APPLICANT BUSINESS

Identify all persons who are current principals of the applicant, including but not limited to directors, officers and stockholders. (Use additional pages if necessary).

Note: a Principal Disclosure Form must be submitted for each principal who has not previously submitted one.

	Principal #1	**Principal #2**
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		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

Tax ID or SSN: _____

Page _____ of Pages _____

*SCHEDULE A (cont'd) – PRINCIPALS OF APPLICANT BUSINESS

	Principal #3	Principal #4
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: _____

Page _____ of Pages _____

*SCHEDULE A (cont'd) – PRINCIPALS OF APPLICANT BUSINESS

	Principal #5	Principal #6
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: _____

Page _____ of Pages _____

*SCHEDULE B – RENEWAL ROSTER OF VEHICLES

Applicant Business Name: _____

Business Address: _____

Please complete the chart below for each vehicle that is used during conduct of the applicant business. Include "hi-los." Record the following information: the Department of Motor Vehicles (DMV) plate number, the State where the vehicle is registered, and the VIN number. All current vehicles must be listed.

	DMV Plate No.	State	VIN No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Tax ID or SSN: _____

Page _____ of Pages _____

*SCHEDULE C – EMPLOYEES OF APPLICANT

Please list ALL current employees.
Place an asterisk (*) next to any employees who have been hired since the applicant filed its original application or its last renewal application with the Commission.

Name: (First, Middle, Last)	Address and Telephone No.	Date of Birth (mm/dd/yyyy)	Job Title	Date of Hire (mm/dd/yyyy)	SSN #

Tax ID or SSN: _____

Page _____ of Pages _____

*SCHEDULE D – OPERATORS OF VEHICLES

For all employees listed on Schedule C who operate a vehicle for the applicant business, provide the following additional information:

Name (First, Middle, Last)	Date of Birth	State Issuing License	Driver's License Number	Class	Expiration Date (mm/dd/yyyy)

Tax ID or SSN: _____

Page _____ of Pages _____

CERTIFICATION

This certification must be completed by all of the applicant's 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 REGISTRATION, THEREBY PRECLUDING THE APPLICANT FROM OPERATING AS A WHOLESALE BUSINESS, MARKET BUSINESS OR SEAFOOD DELIVERY BUSINESS 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, _____,
(Print Full Name)

being duly sworn, state:

that I am _____
(Title/Position)

of _____;
(Applicant Business Name)

and that I have read and understood the instructions accompanying the attached renewal application, including the definitions of "principal" and "affiliate" contained therein; and

that I have reviewed all of the information supplied by the applicant in its initial registration application all previously provided written submissions, and all renewal applications submitted thereafter; and

that I have read and understood the questions and statements contained in the attached renewal application and its attachments; and

that to the best of my knowledge, the information provided in response to each question and in the attachments is full, complete and truthful; and

that the New York City Business Integrity Commission may, by any means it deems appropriate, determine the accuracy and truth of the statements made in this renewal application; and

that all the information submitted in this application is for the express purpose of inducing the Business Integrity Commission to issue the applicant a renewal registration to operate a wholesale, market or seafood delivery business.

_____
(Signature of Principal)

By: _____
(If corporation or partnership, state title)

Sworn to before me

this _____ day of _____, 20_____

_____
Notary Public

Tax ID or SSN: _____

Page _____ of Pages _____

RELEASE AUTHORIZATION OF APPLICANT

This release authorization must be completed by all of the applicant's principals before a notary public.

I, _____,
(Print Full Name)

am the _____
(Title/Position)

and a principal of _____;
(Applicant Business Name)

I am over the age of 21 and I have the authority to execute this release on behalf of the applicant.

I have authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into the applicant's background and the background of its principals, affiliates, agents and employees for the purpose of determining whether the applicant meets the registration standards set forth in Local Law 28 of 1997 of the City of New York, Local Law 50 of 1997, et al.

I hereby authorize any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant and/or its principals, affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

I hereby authorize the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or facsimile of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, I hereby waive the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

In addition, I hereby waive all liability as to the City of New York, the Commission, and its instrumentalities and agents for any and all damages that might arise in connection with the investigation of the applicant or from the release of any information resulting from such investigation, other than a willful, unlawful disclosure or publication.

NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION: I hereby waive any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification.

Sworn to before me

This _____ day of _____, 20 ____

_____
Notary Public

_____
(Signature of Principal)

By: _____
(If corporation or partnership, state title)

Tax ID or SSN: _____

Page _____ of Pages _____