



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 checked="" 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, 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.) <i>BEER FACTORY LLC</i>				
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.) <i>LIONS BEER STORE</i>				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) <i>104 SECOND AVENUE</i>				
City <i>N.Y.</i>	State <i>Ny</i>	ZIP Code <i>10003</i>	Country/Region <i>USA</i>	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input checked="" type="checkbox"/> Manhattan <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.) <i>sp@lionsbearstore.eu</i>				
Phone 1 (Primary) <i>212 475-0595</i>	Phone 2 (Alternate)	Text Telephone (TTY Phone)	Fax	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 47-4608818 </div>			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. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 474608818- - or - - </div>	

Contact Mailing Information

FOR COMMUNITY BOARD & PUBLIC HEARING

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 <i>KATHLEEN</i>	Middle Name (optional) <i>E.</i>	Last Name <i>NEGRIZ STATHOPOULOS</i>	
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 (Please specify.)
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) <i>negriess@aol.com FAX: 718-567-2991</i>			
City	State	ZIP Code	Country/Region

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 (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □□□ - □□ - □□□□□□			
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
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.