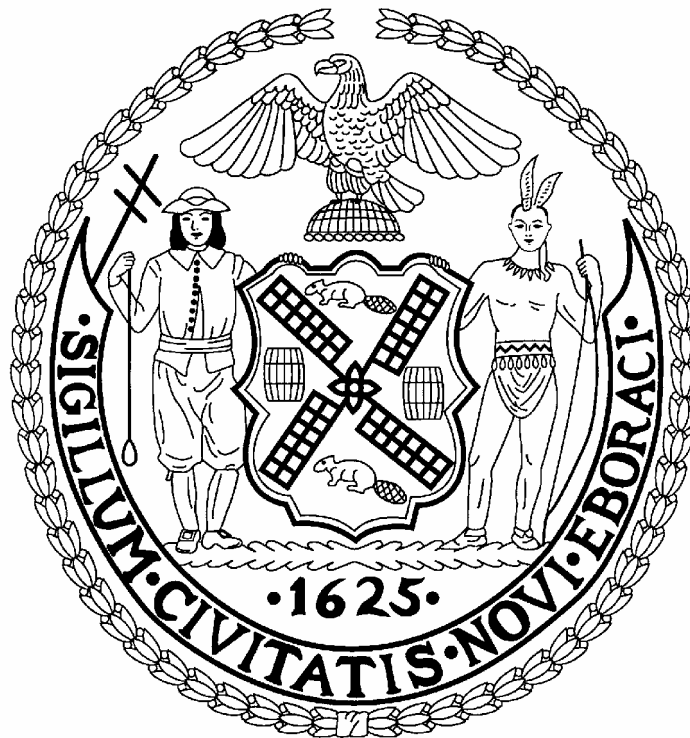


PUBLIC WHOLESALE MARKETS
WHOLESALE
REGISTRATION APPLICATION



NEW YORK CITY
BUSINESS INTEGRITY COMMISSION
100 CHURCH STREET
NEW YORK, NEW YORK 10007

General Instructions

TO BE COMPLETED BY
CHIEF EXECUTIVE
OFFICER OR CHIEF
FINANCIAL OFFICER OF
THE APPLICANT

Handprint or type answers to each question. If a question does not apply to you, please mark as “N/A” or “Not Applicable.” If space available is insufficient, use a separate sheet and precede each answer with the appropriate question number. Do not falsify or omit any material facts as each statement is subject to

verification. A material false statement or omission made in connection with this application is sufficient cause for denial or revocation of a registration thereby precluding applicant from doing business in the public wholesale markets. In addition, such false submissions may subject the person making the false statement to criminal charges. Failure to answer any question or give incomplete answers will cause your application to be returned.

Social security numbers may be used to locate information concerning principals of the applicant. Refusal to provide said social security numbers does not constitute automatic denial of a registration.

APPLICATIONS THAT HAVE NOT BEEN COMPLETED PROPERLY OR NOT LEGIBLE WILL BE RETURNED TO THE APPLICANT WITHOUT BEING PROCESSED.

Wholesale registration applications must include the following:

1. \$300 check or money order payable to the Business Integrity Commission.
2. Completed photo identification card applications for all principals, employees, and agents of applicant.
3. Copy of applicant’s Certificate of Incorporation, if applicable
4. Copy of proposed lease or sub-lease agreement.

PART I-PERSONAL INFORMATION

1. Name of applicant:

Applicant's business address:

City: State: Zip:

Applicant's principal mailing address:

City: State: Zip:

Applicant's telephone numbers, including cellular, fax and beeper numbers

2. List all names under which the applicant has done business or has held itself out to the public as doing business and give the approximate time periods during which such names were or are being used including but not limited to trade names, d/b/a's and aliases. If none, state "NONE":

<u>Name</u>	<u>From (year)</u>	<u>To (year)</u>
<input style="width: 95%; height: 95%;" type="text"/>	/ /	/ /
<input style="width: 95%; height: 95%;" type="text"/>	/ /	/ /
<input style="width: 95%; height: 95%;" type="text"/>	/ /	/ /

3. Electronic Addresses. List any web sites and e-mail addresses presently used by the applicant:

4. State the name and address of the person who shall be designated as applicant's agent for service of process.

5. Type of organization (check a, b, c, or d; provide information requested in subsection):

- a. Sole proprietorship. Attach a certified copy of the Certificate of Doing Business filed with the county clerk.
- b. Partnership. Check one and attach copy of current partnership agreement and certificate of partnership, certified by the county clerk.
 - General
 - Limited

List all current partners, each partner's home address, social security number and the extent of interest in the partnership

Name: SSN#

Home Address: Interest:

Name: SSN#

Home Address: Interest:

Name: SSN#

Home Address: Interest:

c. _____ Corporation. State the name as it appears on the certificate of incorporation and as filed with the Secretary of State. Give corporation number, if any, and supply a copy of the certificate of incorporation, charter, current by-laws and last annual report as well as an organizational chart of the corporation, its parents, affiliates, subsidiaries, related parties and entities. Such chart should include position descriptions and the names of persons holding such positions:

Name:

Certificate of Incorporation No:

State of Incorporation No.

Date of Incorporation:

List all incorporators of the corporation and last known address, occupation and date of birth for each:

Name:

Last Known Address:

Date Of Birth: / / Occupation:

Name:

Last Known Address:

Date Of Birth: / / Occupation:

Name:

Last Known Address:

Date Of Birth: / / Occupation:

List all parents, subsidiaries, and affiliates of the applicant business. Specify the name of the related

Name of Entity:	<input type="text"/>		
Business Address:	<input type="text"/>		
Nature of Relationship:	<input type="text"/>	Length of Relationship:	<input type="text"/>
Name of Entity:	<input type="text"/>		
Business Address:	<input type="text"/>		
Nature of Relationship:	<input type="text"/>	Length of Relationship:	<input type="text"/>
Name of Entity:	<input type="text"/>		
Business Address:	<input type="text"/>		
Nature of Relationship:	<input type="text"/>	Length of Relationship:	<input type="text"/>
Name of Entity:	<input type="text"/>		
Business Address:	<input type="text"/>		
Nature of Relationship:	<input type="text"/>	Length of Relationship:	<input type="text"/>

On **Schedule A**, identify all individuals who are or have been principals¹ of the applicant at any point during the past ten years. For publicly traded companies, list only Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, and other officers with supervisory responsibility over the applicant business. For each individual, provide full name, home address, telephone numbers, including cellular, fax and beeper numbers, date of birth, social security number, dates of association with the applicant, job title and/or function within the applicant's organization, the percentage of ownership if applicable, and an explanation of how such ownership was acquired, *e. g.*, purchase and purchase price; inheritance, etc.

On **Schedule B**, identify all individuals who are or have been principals of any parent, affiliate or subsidiary of the applicant over the past ten years. For publicly traded companies, list only Chief Executive Officer, Chief Operating Officer, Chief Financial Officer and other officers with supervisory responsibility over the applicant. For each individual, provide full name, home address, telephone numbers, including cellular, fax and beeper numbers, date of birth, social security numbers, dates of association with the parent, affiliate or subsidiary, job title and/or function within the parent's, affiliates or subsidiary, job title and/or function within the parent's, affiliates or subsidiary's organization, the percentage of ownership if applicable, and an explanation of how their ownership was acquired, *e. g.*, purchase price; inheritance, etc.

¹Principal, as defined in Local Law 28 of 1997, shall mean principal of a sole proprietorship, of a corporation, every officer, director and every shareholder holding ten percent or more of the outstanding shares of the corporation; of a partnership, all of the partners, if another type of business entity, the chief operating officer or the chief executive officer, irrespective of organizational title, and all persons or entities having an ownership interest of ten percent or more and with respect to all business entities, all other persons participation directly or indirectly in the control of such business entity. Where a partner or stockholder holding ten percent or more of the outstanding shares of a corporation is itself a partnership. Or a corporation, a "principal" shall also include the partners of such partnership or the officers. Directors and stockholders holding the equivalent of ten percent or more of the outstanding shares in the corporation. Under Local Law 28 of 1997.(1) an individual shall be considered to hold stock in corporation where such individual participates in the operation of, or has a beneficial interest in such corporation and such stock is owned directly or indirectly by or for (i) such individual; (ii) the spouse of such individual (other than a spouse who is legally separated from such individual pursuant to a judicial decree or an agreement cognizable under the laws of the state in which such individual is domiciled); (iii) the children, grandchildren and parents of such individual; (iv) a corporation in which any of such individual. The spouse, Children, grandchildren or parents of such individual in the aggregate own fifty percent or more in value of the stock of such corporation; (2) a partnership shall be considered to hold stock in a corporation where such stock is owned, directly or indirectly, buy or for a partner in such partnership; and (3) a corporation shall be considered to hold stock in corporation that is an applicant where such corporation holds fifty percent or more in the value of the stock of third corporation that holds stock in the applicant corporation.

List the amount of total annual compensation received during the last calendar year and the amount to be received during the present calendar year by each director, trustee and officer of the corporation whether such compensation is in the form of salary, wages, commission, fees, stock options, bonuses, in-kind payments or otherwise; officers shall be deemed to be all persons serving as president, vice president, secretary, treasurer, chairman of the board or any other such offices as may be prescribed by the corporate by-laws.

Name:

Name:

Name:

Name:

List each person, other than those listed above, who currently receives, or who reasonably can be expected to receive, within one calendar year from the date of this form, compensation from the applicant exceeding \$40,000 per annum. Specify the person's residences, business address, date of birth, social security number, position, length of time employed and amount of compensation:

Name and Residence: DOB / /

Business Address:

SSN# Position and Time held:

Compensation:

Name and Residence: DOB / /

Business Address:

SSN# Position and Time held:

Compensation:

Name and Residence: DOB / /

Business Address:

SSN# Position and Time held:

Compensation:

Name and Residence: DOB / /

Business Address:

d. _____ Form other than sole proprietorship, partnership or corporation. Describe applicant's form of organization.

List persons who function as the Chief Operating Officer and Chief Executive Officer, irrespective of organizational title, and all persons or entities having an ownership interest of ten percent or more. Specify the person's residence, business address, title, dates office held, social security number and date of birth.

Name and Residence

SSN#

DOB

Business address

Title and % of Ownership

Dates Office Held

Name and Residence

SSN#

DOB

Business address

Title and % of Ownership

Dates Office Held

Name and Residence

SSN#

DOB

Business address

Title and % of Ownership

Dates Office Held

6. Date of Organization. State when applicant business was established, date of incorporation, partnership agreement, filing of fictitious name certificate, etc.

7. Applicant's Tax Identification Number:

8. Beneficial Interest

Identify all individuals who have or have had a beneficial interest in applicant business at any point during the previous ten years, excluding shareholders holding less than one percent of a publicly-traded corporation. For each individual, provide full name, home address and telephone numbers, including cellular, fax and beeper numbers, where applicable, date of birth, social security number, dates of association with the applicant, if any, job title and /or function within the applicant's organization, if any, the nature and percentage of the beneficial interest, and an explanation of how the beneficial interest was acquired, *e.g.*, purchase and purchase price, inheritance etc., and from whom.

Name: Home Address:

City: State: Zip:

Business name, job title, and date of association with applicant. If not applicant, addresses and phone numbers including cellular, beeper, and fax:

Nature and percentage of interest:

How and when interest was acquired and from whom:

Name: Home Address:

City: State: Zip:

Business name, job title and date of association with applicant. If not applicant, addresses and phone numbers including cellular, beeper, and fax:

Nature and percentage of interest:

How and when interest was acquired and from whom:

Name: Home Address:

City: State: Zip:

Business name, job title and date of association with applicant. If not applicant, addresses and phone numbers including cellular, beeper, and fax:

Nature and percentage of interest:

How and when interest was acquired and from whom:

9. Change in management and personnel.

If applicant business acquired another wholesale business within the previous 10 years, for each such acquisition provide following information:

Attach a copy of any purchase and sale agreement

Date Purchased: __/__/_____

Name of Sellers:

Names used when seller operated business:

List any principal of the applicant business, as the term "principal" is defined, who was formerly a principal in the business you acquired.

Name: Current Position:

Date Assumed Position: / / Former Company:

Positions and Dates in Former Company:

Name: Current Position:

Date Assumed Position: / / Former Company:

Positions and Dates in Former Company:

Name: Current Position:

Date Assumed Position: / / Former Company:

Positions and Dates in Former Company:

10. Does the applicant share any 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:

11. How many individuals, not including officers of the applicant, does the applicant currently employ? _____

12. Are individuals employed by the applicant, including principals of the applicant, members of a union? Yes No
If "yes," provide the names of the unions belonged to, including the number of the local if applicable, and the number of employees/principals

13. On **schedule C**, identify the names, job titles, addresses, dates of birth, social security numbers, and planned work hours of all employees.

14. For each employee/principal who will operate a vehicle during the conduct of the applicant's business, provide the operator's name, driver's license number:

Name: Issuing State:

Driver License Number: Class: Expiration Date: / /

Name: Issuing State:

Driver License Number: Class: Expiration Date: / /

Name: Issuing State:

Driver License Number: Class: Expiration Date: / /

15. List vehicle identification numbers, registration numbers and license plate numbers for all vehicles that are used during the conduct of applicant business and registered with New York State. Include "hi-lo's." If none, state "NONE."

Type of Vehicle: Make Year:

Model: VIN Number:

Registration: License Plate:

Type of Vehicle: Make Year:

Model: VIN Number:

Registration: License Plate:

Type of Vehicle: Make: Year:

Model: VIN Number:

Registration: License Plate:

16. Does the applicant business, any of its principals, or any of its parents, subsidiaries, affiliates have any interest in another wholesale or retail business? Yes No If "yes," provide details below.

17. Has the applicant business, any of its parents, subsidiaries, affiliates, or any of the applicant's principals ever had a government-issued license, permit, registration, or authorization to operate from any Government agency, including but not limited to a PACA license?

Yes No If "yes," attach a copy of the license(s) and provide the following information:

Name of License Holder: Date of Issuance: / /

Type and Term of License:

Jurisdiction:

Name of License Holder: Date of Issuance: / /

Type and Term of License:

Jurisdiction:

Name of License Holder: Date of Issuance: / /

Type and Term of License:

Jurisdiction:

18. Has the applicant business, any of its parents, subsidiaries, affiliates, or any of the applicant's principals ever had a government-issued license, permit, registration or authorization to operate denied, suspended or revoked?

Yes No If "yes," provide the following information

Name of License Holder/Individual:

Jurisdiction:

Date of Denial, Suspension, or Revocation:

Reason:

Name of License Holder/Individual:

Jurisdiction:

Date of Denial, Suspension, or Revocation:

Reason:

Name of License Holder/Individual:

Jurisdiction:

Date of Denial, Suspension, or Revocation:

Reason:

PART I-CRIMINAL AND INVESTIGATORY HISTORY

19. Has the applicant presently or previously held any position, office, trusteeship, directorship or fiduciary position with any other business entity?

Yes No If "yes," provide details.

[Empty text box for details]

20. Has the applicant business or any of its principals been denied, suspended or removed from any trusteeship or any other fiduciary position?

Yes No If "yes," provide details.

[Empty text box for details]

21. Has the applicant, any of applicant's principals, its parents, subsidiaries or affiliates ever been convicted of any misdemeanor or felony in any jurisdiction?

Yes No If "yes," provide details. Do not include information relating to traffic violations.

Name of business or principal: [Empty text box]

Date of arrest: [/ /]

Date of conviction: [/ /]

Disposition: [Empty text box]

Court and jurisdiction: [Empty text box]

Indictment, docket or index number: [Empty text box]

Name of business or principal: [Empty text box]

Date of arrest: [/ /]

Date of conviction: [/ /]

Disposition: [Empty text box]

Court and jurisdiction: [Empty text box]

Indictment, docket or index number: [Empty text box]

Name of business or principal: [Empty text box]

Date of arrest: [/ /]

Date of conviction: [/ /]

Disposition: [Empty text box]

Court and jurisdiction: [Empty text box]

Indictment, docket or index number: [Empty text box]

22. Are there any felony or misdemeanor charges pending against the applicant, its parents, subsidiaries, affiliates or any of the applicant's principals in any jurisdiction?

Yes No If "yes", provide details. Do not include information relating to traffic violations.

Name of business or principal:

Date of arrest: Date of conviction:

Disposition:

Court and jurisdiction:

Indictment, docket or index number:

Name of business or principal:

Date of arrest: Date of conviction:

Disposition:

Court and jurisdiction:

Indictment, docket, or index number:

Name of business or principal:

Date of arrest: Date of conviction:

Disposition:

Court and jurisdiction:

Indictment, docket, or index number:

23. Has the applicant, its parents, subsidiaries, affiliates or any of its principals been found to be in violation of the administrative rules or regulations of any municipal, county, state, or federal agency in any jurisdiction?

Yes No

If "yes", provide details below. Include only those violations which resulted in suspension or revocation of any license, permit, registration, or other permission required in the operation of a business or which resulted in the imposition of a fine, penalty or settlement of \$5,000 or more.

Business Name:

Nature of the investigation/charge:

Disposition:

Agency or court and docket number:

Business Name:

Nature of the investigation/charge:

Disposition:

Agency or court and docket number:

Business Name:

Nature of the investigation/charge:

Disposition:

Agency or court and docket number:

24. During the past five years has the applicant, its parents, subsidiaries, affiliates or any principal of the applicant, in any jurisdiction:

Been the subject or target of any civil or criminal investigation by a prosecutorial agency, governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal) other than in response to a traffic summons? Yes No

Received a subpoena requiring the production of documents or information before any agency specified in question a? Yes No

Been called to testify before any agency specified in question a? Yes No

Been requested to take a polygraph by any agency specified in question a? Yes No

If you answered "yes" to any of these questions, provide the following details on the following page:

Name and address of court or other agency:

Nature of proceedings or investigation:

Was testimony given? Date on which testimony was given: / /

Approx. length of investigation:

Name and address of court or other agency:

Nature of proceedings or investigation:

Was testimony given? Date on which testimony was given: / /

Approx. length of investigation:

Name and address of court or other agency:

Nature of proceedings or investigation:

Was testimony given? Date on which testimony was given: / /

Approx. length of investigation:

25. During the past ten years has the applicant, its parents, subsidiaries, affiliates or any principal of the applicant, in any jurisdiction:

been cited for contempt of any court, grand jury or legislative, civil, criminal or administrative body? Yes No

entered into a judicial consent decree, administrative order or consent or similar agreement or been the subject of a default decree? Yes No

been subject to an injunction in any judicial action or proceeding? Yes No

been granted immunity from prosecution for any conduct constituting a crime under any state or federal law? Yes No

refused to testify in any criminal, civil or administrative proceeding? Yes No

been the subject of administrative charges with the potential sanction of suspension or revocation of a license, permit or registration or where a fine, penalty or settlement of \$5,000 or more could be imposed? Yes No

If you answered "yes" to any of these questions, provide the following information:

Name and address of court or other agency:

Nature of proceedings:

Was testimony given? Date testimony was given: / /

Name and address of court or other agency:

Nature of proceedings:

Was testimony given? Date testimony was given: / /

Name and address of court or other agency:

Nature of proceedings:

Was testimony given? Date testimony was given: / /

26. Has the applicant or any of its principals ever engaged in, or knowingly permitted to occur under its supervision, any of the following:
- filed with a government agency or submitted to a government employee, in any jurisdiction, any document which the applicant or principal knew to contain false statements or false information?
 Yes No
 - falsified the records of any business or enterprise of any kind?
 Yes No
 - given or ordered to give money or any other benefit to a public servant or employee with the intent to influence that person with respect to any of his or her official acts, duties or decisions?
 Yes No
 - given or offered to give, money or other benefit to an official or employee or a private business with intent to induce that official or employee to engage in unethical or illegal business practices?
 Yes No

27. If the answer is "yes" to any portion of question 26, provide the following information for each relevant incident. Use additional sheets if necessary.

Names of entities involved

Agencies or public officials involved

Names of persons involved

Dates of occurrence

Documents/amounts of money

28. Has the applicant or any principal of the applicant, its parents, subsidiaries, or affiliates ever been the subject of any investigation by a municipal, county, state, or federal agency for any alleged violation of civil law involving racketeering or the potential forfeiture of any asset? Yes No If "yes", provide details below.

Agency or court:

Nature or investigation/charges:

Status:

Agency or court:

Nature or investigation/charges:

Status:

Agency or court:

Nature or investigation/charges:

Status:

29. List all lawsuits or civil actions to which the applicant is a party or has been a party within the past ten years:

Court:

Opposing parties:

Nature of complaint:

Status:

Court:

Opposing parties:

Nature of complaint:

Status:

Court:

Opposing parties:

Nature of complaint:

Status:

30. Financial Accounts

For each financial account, domestic or foreign, used by the applicant during the past five years, including but not limited to, any right of ownership in, control over or interest in any bank account, safe deposit box, credit union, accounts at brokerage firms or other financial institutions, regardless of whether such account was held in the name of the corporation, a nominee of the corporation or was otherwise under the direct or indirect control of the corporation, provide the following:

Type of account:

Name/Address of institution:

Account number:

Date opened:

Date closed:

Type of account:

Name/Address of institution:

Account number:

Date opened:

Date closed:

31. List below each direct or indirect interest in real property held by the applicant. If none, state "none".

Address:

Person or entity from whom acquired:

Co-owners and address:

Approximate purchase or rental cost: Approximate current value:

Address:

Person or entity from whom acquired:

Co-owners and address:

Approximate purchase or rental cost: Approximate current value:

Address:

Person or entity from whom acquired:

Co-owners and address:

Approximate purchase or rental cost: Approximate current value:

Address:

Person or entity from whom acquired:

Co-owners and address:

Approximate purchase or rental cost: Approximate current value:

32. Does the applicant have any indebtedness, including, but not limited to, loans, lines of credit and/or mortgages on real property, other than a primary residence, in excess or \$50,000?

Name and address of creditor:

Account number: Amount of indebtedness:

Maturity date: / / Terms of repayment:

Name and address of creditor:

Account number: Amount of indebtedness:

Maturity date: / / Terms of repayment:

Name and address of creditor:

Account number: Amount of indebtedness:

Maturity date: / / Terms of repayment:

Name and address of creditor:

Account number: Amount of indebtedness:

Maturity date: / / Terms of repayment:

33. Bankruptcy

a. Has the applicant, its parents, subsidiaries, affiliates or any predecessors had any petition under any provision of the Bankruptcy Act or under any state insolvency law filed by or against it in the last ten years? Yes No

If "yes," attach a copy of the petition and provide the names of the parties, judicial body, and the date of final disposition, if available.

b. Has any auditor, monitor, receiver, fiscal agent, trustee, reorganization trustee or similar officer been appointed in the last ten years by a court to manage the business or property of the applicant or any of its parents, subsidiaries or affiliated companies or any predecessors of these companies? Yes No

If "Yes," identify the person appointed, the court making the appointment and the reason for such appointment.

34. For the past three years, has the applicant filed all required tax returns, including, but not limited to income unincorporated business, payroll, commercial rent, property taxes on realty, and unemployment insurance returns by the due date or within a properly obtained extension period? Yes No

Provide a copy of all 1120 Forms (U.S. Corporate Income Tax Return) and 941 Forms (Employer's Quarterly Federal Tax Return) submitted to the Internal Revenue Service for the past three years.

If not available, provide the following information:

The years in which the applicant did not file by the due date or a properly obtained extension, the type of return involved, and, where applicable, whether the delayed filing related to federal, state or local tax returns.

The applicant's address during the years in question.

The dates when applicant filed the late returns.

The reasons for the late or non-filing.

The penalty assessed for the years in question.

35. For the three past years preceding the date of this application, has the applicant paid all federal, state and local income and business taxes for which applicant is liable for the three tax years? Yes No
If "no", explain why. If applicant is contesting such taxes in a judicial or administrative proceeding, please attach the relevant documentation.

36. List any tax liens entered against the applicant by any tax authority. If none, state "NONE."

Date entered and docket number:

Name of tax authority:

Original amount: Amount Outstanding:

Date entered and docket number:

Name of tax authority:

Original amount: Amount Outstanding:

37. List any money currently owed by the applicant to tax authorities other than those tax debts for which liens have been entered against the applicant. Indicate the status of the matter, *e.g.*, the date by which applicant will make payment, whether the tax authorities have instituted proceedings against the applicant, etc. If none, state "NONE".

Date: / / Name of tax authority:

Amount: Status:

Date: / / Name of tax authority:

Amount: Status:

38. Identify all persons or entities to which applicant has given gifts valued at \$1,000 or more during the past three years. You may exclude any charitable organization recognized by the Internal Revenue Service under section 501(c) (3) of the Internal Revenue Code. If none, state "NONE."

Relationship of recipient to applicant:

Nature and amount of gift: Date of gift: / /

Recipient's name and address:

Relationship of recipient to applicant:

Nature and amount of gift: Date of gift: / /

Recipient's name and address:

Relationship of recipient to applicant:

Nature and amount of gift: Date of gift: / /

39. During the last ten years has the applicant maintained a bank account, or any other type of financial account which is not reflected on the books or records of the business or which is in the name other than the name of the business? Yes No If "yes," provide details below.

SCHEDULE A-PRINCIPALS OF APPLICANT BUSINESS

PRINCIPAL#1

Name (Last, First) Phone number Fax Number

Home Address E-mail Address

DOB / / Citizenship SSN#

Business Addresses Business Telephone Numbers

Titles From / / To / / % Of Ownership

Number Of Shares How interest was acquired

PRINCIPAL#2

Name (Last, First) Phone number Fax Number

Home Address E-mail Address

DOB / / Citizenship SSN#

Business Addresses Business Telephone Numbers

Titles From / / To / / % Of Ownership

Number Of Shares How interest was acquired

PRINCIPAL#3

Name (Last, First) Phone number Fax Number

Home Address E-mail Address

DOB / / Citizenship SSN#

Business Addresses Business Telephone Numbers

Titles From / / To / / % Of Ownership

Number Of Shares How interest was acquired

PRINCIPAL#4

Name (Last, First) Phone number Fax Number

Home Address E-mail Address

DOB / / Citizenship SSN#

Business Addresses Business Telephone Numbers

Titles From / / To / / % Of Ownership

Number Of Shares How interest was acquired

PRINCIPAL#5

Name (Last, First)

Phone number

Fax Number

Home Address

E-mail Address

DOB

Citizenship

SSN#

Business Addresses

Business Telephone Numbers

Titles

From

To

% Of Ownership

Number Of Shares

How interest was acquired

SCHEDULE B-PRINCIPALS OF APPLICANT BUSINESS

PRINCIPAL#1

Name (Last, First)

Phone number

Fax Number

Home Address

E-mail Address

DOB

Citizenship

SSN#

Business Addresses

Business Telephone Numbers

Titles

From

To

% Of Ownership

Number Of Shares

How interest was acquired

PRINCIPAL#2

Name (Last, First) Phone number Fax Number

Home Address E-mail Address

DOB Citizenship SSN#

Business Addresses Business Telephone Numbers

Titles From To % Of Ownership

Number Of Shares How interest was acquired

PRINCIPAL#3

Name (Last, First) Phone number Fax Number

Home Address E-mail Address

DOB Citizenship SSN#

Business Addresses Business Telephone Numbers

Titles From To % Of Ownership

Number Of Shares How interest was acquired

PRINCIPAL#4

Name (Last, First)

Phone number

Fax Number

Home Address

E-mail Address

DOB

Citizenship

SSN#

Business Addresses

Business Telephone Numbers

Titles

From

To

% Of Ownership

Number Of Shares

How interest was acquired

PRINCIPAL#5

Name (Last, First)

Phone number

Fax Number

Home Address

E-mail Address

DOB

Citizenship

SSN#

Business Addresses

Business Telephone Numbers

Titles

From

To

% Of Ownership

Number Of Shares

How interest was acquired

1. Name: SSN#
Residence address:
Phone number: Date and place of birth:
Position:
Hours worked per week:

2. Name: SSN#
Residence address:
Phone number: Date and place of birth:
Position:
Hours worked per week:

3. Name: SSN#
Residence address:
Phone number: Date and place of birth:
Position:
Hours worked per week:

4. Name: SSN#
Residence address:
Phone number: Date and place of birth:
Position:
Hours worked per week:

5. Name: SSN#
Residence address:
Phone number: Date and place of birth:
Position:
Hours worked per week:

CERTIFICATION

This certification must be completed before a notary public by the Chief Executive Officer or Chief Financial Officer of the applicant business. Certification must be notarized when signed.

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A REGISTRATION THEREBY PRECLUDING APPLICANT FROM DOING BUSINESS IN THE PUBLIC WHOLESALE MARKETS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I _____ (full name), being duly sworn, state: that I am

_____ of _____; and that I have read and understood the questions contained in the attached application and its attachments, which consists of _____ pages; and that to the best of my knowledge the information given 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 deemed appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the New York City Business Integrity Commission to issue the applicant business a registration to operate a business with public wholesale markets.

I authorize the New York City Business Integrity Commission to contact any person or entity named in the application for purposes of verifying the information supplied by the applicant business and its principals.

Signature of Applicant

By: _____
If corporation or partnership, title

Date:
Sworn to before me

this _____ day of _____ 20_____

Notary public

APPLICANT'S WAIVER OF LIABILITY

On behalf of _____
Applicant Business

I, _____

hereby waive all liability as to the City of New York, the New York City Business Integrity 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.

Signature of Applicant

By: _____
If corporation or partnership, title

Date:
Sworn to before me

this _____ day of _____ 20_____

Notary public

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies, federal, state, county and local, without exception, both foreign and domestic.

I have authorized the New York City Business Integrity Commission conduct a full investigation into my background and activities.

You are authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the New York City Business Integrity Commission, provided that he or she certifies to you that I have an application pending before the New York City Business Integrity Commission or that I am presently a registrant under the provisions of Local Law 28 of 1997, Local Law 50 of 1997, et al

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

Dated: ____/____/____

Signature of Applicant

By: _____
If corporation or partnership, title

Date:
Sworn to before me

this _____ day of _____ 20_____

Notary public