



42 Broadway  
New York, NY 10004

nyc.gov/dcwp

# PEDICAB BUSINESS OWNERSHIP AND FAMILY DISCLOSURE FORM

## PART ONE: APPLICANT INFORMATION

Business Name:	
Business Address:	
DCWP License Number: <i>(if applicable)</i>	
Telephone Number:	

## PART TWO: OWNERSHIP DISCLOSURE

List the names of *all* owners of the business applying for a license and indicate if each owner has a beneficial interest in another pedicab business that is licensed by the Department of Consumer and Worker Protection (DCWP). Partnerships must list the names of *all* general and limited partners. Corporations must list the names of *all* corporate officers and shareholders. Limited Liability Companies must list the names of *all* members. Attach additional papers as necessary.

Full Name of Pedicab Business Owner	Does individual have ownership in a pedicab business other than the business named above?	If Yes, please provide the name of the pedicab business and its DCWP license number.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**PART THREE: OWNERS' FAMILY MEMBERS**

List the names of the living members of the owners' immediate family. Attach additional papers as necessary.

Full Name of Pedicab Business Owner's Family Member	Relationship to Pedicab Owner (e.g., spouse, parent, child, sibling, etc.)	Does individual have ownership in a pedicab business other than the business named above?	If Yes, please provide the name of the pedicab business and its DCWP license number.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title (if any)

\_\_\_\_\_  
Date