



DEPARTMENT OF CONSUMER AND WORKER PROTECTION (DCWP) LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

NYC SMALL BUSINESS SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m.
Last appointment: 3:30 p.m.

Important:

If there is a **change of officer** of a DCWP-licensed business, you must submit a Request for Approval of Proposed Change of Officer available at nyc.gov/dcwp.

Request for Approval of Proposed Change of Owner or Partner

If there is a change in ownership or partnership of a DCWP-licensed business, you may need to submit this form.

- **Change in ownership:** You must get prior written approval from DCWP *before* a person or organization can become an owner of 10% or more of a licensed business.
- **Change in Partnership:** You must get prior written approval from DCWP *before* any additions or terminations of a general partner or the dissolution of a partnership.

The license will immediately become VOID if you don't get DCWP's approval *before* these types of changes.

A current partner, director, corporate officer, member, and/or shareholder owning 10% or more of company stock of the licensed business must sign this form.

I. Business Information – All requestors

Business Name
DCWP License Number

II. Proposed Change in Owner or Partner – All requestors

You must provide information on *all* current INDIVIDUAL and ORGANIZATION OR BUSINESS partners, owners, or shareholders owning 10% or more of the licensed business and *all* proposed new INDIVIDUAL and ORGANIZATION OR BUSINESS partners, owners, or shareholders owning 10% or more of the licensed business. Attach additional sheets if necessary.

Current INDIVIDUAL #1 (Partner #1, Owner #1, Shareholder #1)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Home Address			
Mailing Address (<i>if different than Home Address</i>)			
Email Address			
Social Security Number (<i>for Partners only</i>) <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"/>		% of Shares	

Current INDIVIDUAL #2 (Partner #2, Owner #2, Shareholder #2)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Home Address			
Mailing Address (<i>if different than Home Address</i>)			
Email Address			
Social Security Number (<i>for Partners only</i>) <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"/>		% of Shares	

Current ORGANIZATION OR BUSINESS #1 (Partner #1, Owner #1, Shareholder #1)

Organization Name	% of Shares
Contact Name	Contact Title/Position
Contact Email Address	
Mailing Address	

Current ORGANIZATION OR BUSINESS #2 (Partner #2, Owner #2, Shareholder #2)

Organization Name	% of Shares
Contact Name	Contact Title/Position
Contact Email Address	
Mailing Address	

Proposed New INDIVIDUAL #1 (Partner #1, Owner #1, Shareholder #1)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (<i>optional</i>)	First Name	Middle Name (<i>optional</i>)
Home Address			
Mailing Address (<i>if different than Home Address</i>)			
Email Address	% of Shares		
Social Security Number (<i>for Partners only</i>) <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"/>	Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		

Proposed New INDIVIDUAL #2 (Partner #2, Owner #2, Shareholder #2)

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (<i>optional</i>)	First Name	Middle Name (<i>optional</i>)
Home Address			
Mailing Address (<i>if different than Home Address</i>)			
Email Address	% of Shares		
Social Security Number (<i>for Partners only</i>) <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"/>	Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		

Proposed New ORGANIZATION OR BUSINESS #1 (Partner #1, Owner #1, Shareholder #1)

Organization Name	% of Shares
Contact Name	Contact Title/Position
Contact Email Address	
Mailing Address	

Proposed New ORGANIZATION OR BUSINESS #2 (Partner #2, Owner #2, Shareholder #2)

Organization Name	% of Shares
Contact Name	Contact Title/Position
Contact Email Address	
Mailing Address	

III. Background Information on Proposed New Partners, Owners, or Shareholders

a. Requestors that are Partnerships must complete this section.

Please answer the questions below for each proposed new partner who is a natural person.

Are you under an obligation to pay child support? Yes No

If Yes, you must answer **ALL** questions below.

Do you owe four or more months of child support payments? Yes No

Are you making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? Yes No

Is your child support obligation the subject of a pending proceeding? Yes No

Do you receive public assistance or Supplemental Security Income? Yes No

b. All Requestors must complete this section.

Please answer Background Questions on behalf of all proposed new partners, owners, or shareholders. This includes natural persons and organizations or businesses. Attach additional sheets if necessary.

Background Questions

1. Have you ever been licensed by DCWP? Yes No

If Yes, provide the following information:

DCWP License Number(s):	<input type="text"/>
Business/Individual Name(s):	<input type="text"/>

2. Have you ever been principal* of a DCWP-licensed business? Yes No

**officer, director, member, shareholder owning 10% or more, partner*

If Yes, provide the following information:

DCWP License Number(s):	<input type="text"/>
Business/Individual Name(s):	<input type="text"/>

3. Have you had ANY government-issued license*/permit suspended, voided, or revoked or application denied within the last five years? Yes No

**This does NOT include driver's licenses.*

If Yes, provide the following information:

License/Permit Type:	<input type="text"/>
Government License/Permit Number:	<input type="text"/>
Business/Individual Name:	<input type="text"/>

4. Are you related by blood or marriage to a current or former DCWP licensee OR principal* of a DCWP-licensed business? Yes No

**officer, director, member, shareholder owning 10% or more, partner*

If Yes, provide the following information:

DCWP License Number(s):	<input type="text"/>
Business/Individual Name(s):	<input type="text"/>

5. Are there any unresolved civil charges* filed against you or any business of which you were principal†? Yes No

**charges filed by a government agency that are NOT criminal; for example, Notice of Hearing or Summons*

†officer, director, member, shareholder owning 10% or more, partner

If Yes, provide the following information:

Name and Location of Court	Case Index Number	Government Agency

Attach additional sheets if necessary.

6. Have you ever been principal* of a business that entered into a settlement agreement with a government agency or been the subject of a court judgment in a matter brought by a government agency within the last five years? Yes No

**officer, director, member, shareholder owning 10% or more, partner*

If Yes, please state if any judgment or settlement agreement has not been paid in full for 30 days or more or according to the schedule agreed upon by the parties.

IV. Additional Background Information and Requirement – Requestors in Specific License Categories Only

a. All Requestors in ALL LISTED LICENSE CATEGORIES BELOW must complete Background Question and schedule Fingerprints appointment.

Please answer the Background Question on behalf of all proposed new partners, owners, or shareholders owning 10% or more of a business holding a listed license. *This includes partners, owners, or shareholders who previously owned 10% or less of company stock and would now own more than 10% following the proposed change.*

- Booting Company
- Electronic & Home Appliance Service Dealer
- Employment Agency
- Home Improvement Contractor
- Pawnbroker
- Process Serving Agency
- Secondhand Dealer Auto
- Secondhand Dealer General
- Tow Truck Company

Attach additional sheets if necessary.

Background Question

1. Have you ever pled guilty or been convicted of ANY crime or offense within the last 10 years?* Yes No

**Also select "Yes" if you served time in jail or prison within the last 10 years following a guilty plea or conviction.*

If Yes, please provide the required information below for each conviction.

PLEASE TAKE THE TIME TO REVIEW YOUR RECORD BEFORE ENTERING REQUIRED INFORMATION. DCWP MAY DENY YOUR REQUEST IF YOU FAIL TO DISCLOSE A CONVICTION.

A conviction does not, by itself, mean your request will be automatically denied. DCWP will consider various 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.

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. Do NOT disclose any sealed convictions or findings.

Attach additional sheets if necessary.

Date of Conviction	Name and Location of Court	Charge <i>(You may describe the charge if you do not recall the citation.)</i>	Outcome <i>(time served, community service, fine, etc.)</i>

Fingerprints and Processing Fee

These specific license categories require general partners and all shareholders owning 10% or more of company stock to be fingerprinted. Individuals must schedule an appointment with Identogo to be fingerprinted:

- Visit uenroll.identogo.com
- Enter:
 - **Service Code** (see below for codes for specific license categories)

Service Code	License Category
1585SN	Booting Company
1585QR	Electronic & Home Appliance Service Dealer
	Employment Agency* (see below)
1585BH	Home Improvement Contractor
1585GF	Pawnbroker
1585J9	Process Serving Agency
1585KT	Secondhand Dealer Auto Secondhand Dealer General
1585N7	Tow Truck Company

- **Agency ID.** Enter numbers only from Amendment Number. Amendment Number is on your confirmation after you submit Change of Owner or Partner request online. *Example: For Amendment Number 1234-2023-AMND, enter only 12342023 as Agency ID.*
- Follow the instructions and pay the required fee(s).

*Employment Agency

Any proposed new employment agency managers, sole proprietors, general partners, corporate officers, principals, directors, members, and all shareholders owning 10% or more of company stock must be fingerprinted and submit fingerprints for a state and national criminal history record check by the Federal Bureau of Investigation. Individuals must follow these steps to be fingerprinted:

1. **Contact DCWP's Fitness Review Unit right away.**
Call (212) 487-4089 or email FRUUnit@dcwp.nyc.gov.

DCWP will give you "Non-Criminal Justice Applicant's Privacy Rights." You must acknowledge receipt.

After you acknowledge receipt, DCWP will give you instructions on how to schedule a fingerprint appointment online with Identogo which performs all fingerprint services for DCWP.

2. **Schedule fingerprint appointment with Identogo.**
Follow the instructions and pay the required fee(s).

b. Requestors with a TOW TRUCK COMPANY LICENSE ONLY must complete this section.

Please answer these questions if your business holds a Tow Truck Company license.

1. Are the proposed new partners, owners, or shareholders a current or former DCWP-licensed Tow Truck Driver? Yes No

If Yes, please provide the required information below for each Tow Truck Company where individuals worked. Attach additional sheets if necessary.

Proposed New Partner or Shareholder	Employer Name	Approximate Dates of Employment

2. Are the proposed new partners, owners, or shareholders a current or former employee* of the licensee? Yes No
**excluding tow truck driver covered in first question*

If Yes, please provide required information below for each position individuals held for their *entire period of employment with the licensee*. Attach additional sheets if necessary.

Proposed New Partner or Shareholder	Title/Role	Approximate Dates of Employment	Job Responsibilities

3. Have the proposed new partners, owners, or shareholders Yes No worked* at the licensee for less than 10 years?
**excluding tow truck driver covered in first question*

If Yes, please provide required information below for *all jobs held by individuals for the last 10 years*. Attach additional sheets if necessary.

Proposed New Partner or Shareholder	Employer	Title/Role	Approximate Dates of Employment	Job Responsibilities

V. Additional Information on Proposed Change of Ownership – All Requestors

Please answer the questions below.

1. Has the change of ownership occurred already? Yes No

If Yes, provide the following information:

Date of Change in Ownership:

2. Are there any additional sales or mergers expected to take place that would affect the ownership of the licensed business (e.g., the anticipated sale of a holding company)? Yes No

If Yes, please describe:

3. Is the proposed new shareholder that would own 10% or more of the stock in a licensee for the first time a holding company? Yes No

If **Yes**, please provide required information below on the ultimate parent company. You may attach organizational charts if you believe that will assist DCWP in its review.

Parent Company	Contact Name	Contact Home Address	Contact Mailing Address <i>(if different than Home Address)</i>	Contact Email Address	% of Shares

VI. Affirmation

By signing below, I certify that the statements in this form are true and correct.

Signature

Print Name

Print Title/Position

Date