

PERMITTEE REGISTRATION APPLICATION

Permittee Number (Official Use Only)

Rev. 7/27/

LEGAL ENTITY TYPE: (CHECK ONE)					
CORPORATION, LLC OR LLP (COMPLETE SECTION) CORPORATION, LLC OR LLP (COMPLETE SECTION)	· ·		RSHIP (COMPLET PRIETORSHIP (C		1B, 2 TO 7) ECTIONS 1D, 2 TO 7)
SECTION 1A: Applicant Information (CORPORATIO	ON, LLC OR LLP)				
Permittee Legal Name (As registered with NY	State Department of State):				
2 Toy I D. Nivesbor /F I Ni) or Social Sequenty A	li mb a ri				
Tax I.D. Number (E.I.N) or Social Security N NYS Department of State I.D. Number:					
Address (Post Office Box Not Accepted):					
5. City:					
6. Tel #:(•	
7. 24-Hour Emergency Telephone Number (Mi		•	,		
8. E-Mail:	ust be able to make immediate t	contact). (//		
NY State Department of State (NYS DOS) Ad	dditional Information (OPTION	IAL)			
9. NYS DOS Process Name (Name to which DOS	· · · · · · · · · · · · · · · · · · ·	-			
10. NYS DOS Process Address: (Address to whi	ich DOS will mail process if accepted	on behalf of the entity	/)		
Address (Post Office Box Not Accepted):					
City:	Sta	ate:		Zip:	
11. Assumed Name:					
SECTION 1B: Applicant Information (PARTNERSHI	ID\				
Permittee Legal Name (As Filed with Clerk of	•				
1. Permittee Legal Name (As Filed with Clerk of	County):				
2. Tax I.D. Number (E.I.N) or Social Security N	lumbor				
3. Index Number (Provided by County Clerk					
Address (Post Office Box Not Accepted):					
5. City:					
6. Tel #:(
7. 24-Hour Emergency Telephone Number (Mi		,	ŕ		
8. E-Mail:		, , ,	,		
SECTION 1C: Applicant Information (JOINT VENTU	IRE)				
1. Permittee Legal Name (As Provided by the A	greement):				
2. Tax I.D. Number (E.I.N) or Social Security N	lumber:				
3. Address (Post Office Box Not Accepted):					
4. City:	Sta	ate:		Zip:	
5. Tel #:(6.	Fax #:()		
6. 24-Hour Emergency Telephone Number (Mo	ust be able to make immediate of	contact): ())		
7. E-Mail:					
SECTION 1D: Applicant Information (SOLE PROPR	RIETORSHIP)				
Permittee Legal Name:					
2. Tax I.D. Number (E.I.N) or Social Security N	lumber:				
3. Address (Post Office Box Not Accepted):					
4. City:	Sta	ate:		Zip:	
5. Tel #:()	6.	Fax #:()		
6. 24-Hour Emergency Telephone Number (Mi	ust be able to make immediate of	contact): ()	-	
7. E-Mail:					
License Number		Name of (Company on Lice	nse	
* Plumber:					
* NOTE: NYCDOT will only issue permits in the name of the licensed plumber or the company name as shown on the Department of Buildings Plumbers License (Must attach a copy of the license). If the company name being registered is NOT the same as above, you will not be issued any water/sewer permits by NYCDOT.					
SECTION 2: Category of Work Performed (Check A	II That Apply)				
General Contractor Governmen	t Contractor Sidewalk	Contractor	Canopy		
Commercial Refuse Container: BIC License or Registration Number:					
SECTION 3: Work in Borough (Check All That Appl	у)				
In what Borough(s) will you be working?	Manhattan	Brooklyn	Queens	Bronx	Staten Island

Approval by:

SECTION 4: Company Officials: Officers	/Directors /Managing Age	nto /Owner/ Ber	tnoro/ Momboro (Individual o	to (NAME AT LEAST 2)				
	S/Directors /Managing Age	ints /Owner/ Par						
Name		Title		E-Mail				
SECTION 5: Designated Representative	s) to Accept Service of Su	mmons at Your	Business Office (NAME AT L	EAST 2)				
Nai			,	Name				
INAI	ne			Name				
SECTION 6: Authorized Representatives	to Obtain Permits - USE F	REVERSE FOR A	ADDITIONAL ENTRIES					
Name	Affiliation	1	Telephone	E-Mail				
					-			
					-			
SECTION 7: Signature of Company Office								
Company Official:Title:								
(Please Print)								
Signature:				_Date:/				
Signature:		THIS FORM M	UST BE NOTARIZED					
County of State of New York,								
Granty G Grant of New York,								
On the								
On the of of, before me personally came to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that								
executed the same.								
(For Official Upo Only)								
(For Official Use Only)								

Date:

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SECTION 4: Company Officials: Officers/Directors /Managing Agents /Owner/ Partners/ Members /Individual, etc. (ADDITIONAL ENTRIES)								
Name		Title		E-Mail				
SECTION 6: Authorized Representatives	T							
Name	Affiliation	1	Telephone	E-Mail				