

7. Deletions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.											
(a) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X	Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.	Residence Phone ()								
(b) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X	Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.	Residence Phone ()								
(c) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X	Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.	Residence Phone ()								
8. Additions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.											
(a) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X	Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.	Residence Phone ()								
(b) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X	Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.	Residence Phone ()								
(c) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X	Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.	Residence Phone ()								
<p>9. a) Have you, or has any person named in this application, ever been an individual owner, partner, interested party, officer, corporation director or stockholder having more than ten percent of the stock in a business for which a DMV license, registration or certification was denied, suspended or revoked in New York State, including matters now on appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Are you, or is anyone named in this application, scheduled for a hearing which could result in the suspension, revocation or denial of a DMV business license, registration or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) If (a) or (b) is "YES", provide name and address of the person(s), business type, date and action taken against the business or reason for the hearing.</p>											
<p>10. Has the owner, any member of the partnership, interested party, officer or director of the corporation been convicted of, or forfeited bail for, any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", give the following information:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name</td> <td style="width:15%;">Date of Birth</td> <td style="width:20%;">Conviction Date</td> <td style="width:30%;">Penalty</td> </tr> <tr> <td>Court</td> <td colspan="3">Nature of Offense</td> </tr> </table>				Name	Date of Birth	Conviction Date	Penalty	Court	Nature of Offense		
Name	Date of Birth	Conviction Date	Penalty								
Court	Nature of Offense										

CERTIFICATION

I certify that I am the owner, partner or officer of the business named in this request form, and that the information contained in it is true.	
NOTE: For partnerships, each partner must sign this form.	
Name (Please Print Full Name)	Business Phone Number ()
Signature (Full Name) X	Title Date
Partner's Signature (Full Name) X	Partner's Signature (Full Name) X

