



DATE _____

Form SA-2

WATERFRONT COMMISSION OF NEW YORK HARBOR

**Application for Stevedore License
For Term Expiring December 1, 2020**

INSTRUCTIONS:

- A. This application consists of this form (SA-2), Personal Information Supplement Form(s) (SB-2) and/or Personal Information Supplement Self-Certification(s) (Form-SB-2-C), and Ownership Information Supplement(s) (SB-3, if applicable).
- B. This form shall be completed on behalf of the applicant by an individual who is knowledgeable about the past and present operations and policies of the applicant entity.
- C. A response must be provided to each question on the application. If a particular question does not apply, the response must state "Not Applicable" or "NA".
- D. The applicant may expand the answers given or the information submitted by attaching additional pages, using 8 1/2" x 11" paper. Identify the question number you are answering on each additional page.
- E. The Commission will take all necessary measures to protect the confidentiality of any information disclosed herein.
- F. Definitions--The following definitions shall be applied to the questions contained herein:

"Applicant" shall mean, if a business entity is submitting an application for a license, the entity, and each principal thereof;

"Beneficial Interest" shall mean profit, benefit or advantage resulting from a business, regardless of whether the person who enjoys such profit, benefit or advantage holds formal ownership or title in the business;

"Principal" shall mean:

OF A SOLE PROPRIETOR, the proprietor;

OF A PARTNERSHIP, all the partners;

OF A CORPORATION, every officer and director and every individual or entity holding five percent (5%) or more of the outstanding shares or other ownership interest of the corporation;

OF A LIMITED LIABILITY COMPANY/CORPORATION (LLC), all the members and/or managers (if authority is delegated);

OF another type of business entity, the chief operating officer or chief executive officer, irrespective of organizational title, and all persons or entities having an ownership interest of five percent (5%) or more;

OF ANY BUSINESS ENTITIES, all other persons participating directly or indirectly in the control of the business entity;

“Principal” shall also include:

Of the applicant entity, a partner, member or manager (when authority is delegated), or stockholder holding five percent (5%) or more of the outstanding shares of a corporation that is itself a partnership, corporation, LLC or other entity. (1) An individual shall be considered to hold stock in a corporation where 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 and parents of such individual own five percent (5%) 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 by, or for, a partner in such partnership; and (3) a corporation shall be considered to hold stock in a corporation that is an applicant as defined in this section where such corporation holds five percent (5%) or more in value of the stock of a third corporation that holds stock in the application entity.

“Principal” shall also include, notwithstanding any provision of the above paragraph, in the case of an applicant who is a regional subsidiary of or otherwise owned, managed by, or affiliated with, a business that has national or international operations, any person not employed by the applicant who has direct management supervisory responsibility for the operations or performance of the applicant; and the chief executive officer, chief operating officer and chief financial officer or any person exercising comparable responsibilities and functions, of any regional subsidiary or similar entity of such business.

Name(s) of the person(s) who is/are preparing, or assisting in the preparation of, this application; if not a current principal, disclose the person’s address:

Name: _____

Address: _____

Name: _____

Address: _____

4. Business address within the Port of New York district:

Number and Street		
City	State	Zip Code

5. Office Telephone Number(s): _____

6. Office Fax Number(s): _____

7. Cellular Telephone Number(s): _____

8. Website(s): _____

9. Email Address(s): _____

10. Name and title of Person in charge of applicant's business within the Port of New York district: _____

11. List all agent(s) for service of process; for state of formation and all jurisdictions where qualified.

1	Name:	Address:
	Telephone No.:	Fax No.:
2	Name:	Address:
	Telephone No.:	Fax No.:
3	Name:	Address:
	Telephone No.:	Fax No.:

12. (A) Type of business organization: (Please Check One)

Sole proprietorship (i.e. a company is not incorporated and does business under the name of a person having ownership interest or under an assumed name, doing business as name (d/b/a, or trade name). **Attach a certified copy of the "Certificate of Doing Business" or its equivalent.**

Partnership (Check one)

General partnership

Limited partnership

Limited Liability partnership

Joint Venture

Corporation - **Attach a certified copy of the “Certificate of Incorporation” filed with the appropriate Secretary of State. If not incorporated in New York or New Jersey, attach a copy of the authority to do business as issued by the New York or New Jersey Secretary of State. Attach a copy of the Articles of Incorporation and Shareholders Agreement.**

Limited Liability Company/Corporation (L.L.C.) - **Attach a copy of the Articles of Organizations and Membership Agreement.**

Other

(B) If applicant business is a corporation or L.L.C., provide the Tax ID Nos. (Employee ID Nos.), or if a partnership or sole proprietorship, provide the Social Security Numbers of all principals:

13. Does the applicant business share any office space, staff, or equipment (including, but not limited to, telephonic or electronic data transmission lines) with any other business or organization?

Yes No

If yes, provide details:

14. List all names and addresses, not already listed which the applicant has done business under (including, but not limited to, trade names, doing business as (d/b/a), and aliases), and the corresponding time periods:

SCHEDULE A. Current Principals - On Schedule A, identify all individuals who are principals of applicant business (see definitions above) and provide the information requested.

You may include multiple schedules at the end of the application.

Schedule A —

	Principal #1	Principal #2
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cell Phone Numbers(s)		
Business Telephone Number(s)		
Social Security Number		
Date of Birth		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

SCHEDULE B. Past Principals - On Schedule B, identify all individuals who have been principals of applicant business at any point during the past ten (10) years and provide the information requested.

You may include multiple schedules at the end of the application.

Schedule B—Past Principals of Applicant Business

	Past Principal #1	Past Principal #2
Name (First, Middle, and Last; include maiden name where applicable)		
Home Address(es)		
Home Telephone Number(s)		
Fax Number(s)		
Cell Phone Numbers(s)		
Business Telephone Number(s)		
Social Security Number		
Date of Birth		
Title or Position		
From (date) to (date)		
% of ownership		
Number of shares		

SCHEDULE C. Current Principals Who Were Formerly Principals of Acquired

Businesses-If the applicant business acquired another business that has had a stevedore license within the past ten (10) years, for each acquisition, list on Schedule C any principal of the applicant business who was formerly a principal in the business, the applicant business acquired and the information requested.

	Principal #1	Principal #2
Name (First, Middle, and Last; include maiden name where applicable)		
Name of Acquired Business		
Address of Acquired Business		
Position in Acquired Business		
% Ownership in Acquired Business		
Date of Ownership		

15. Is the applicant a parent, subsidiary, or affiliate of any other legal entity? Yes No

If the answer is yes, explain and state the name(s) and address(es) of, and the affiliation with, such corporation or other legal entity:

16. Has the applicant joint ventured with any other firms? Yes No

If the answer is yes, state the name(s) and address(es) of same:

17. Identify all individuals, not already identified in the above questions, who presently have or have had a “beneficial interest” (see definition) in the applicant business at any point during the past ten (10) years, and disclose the information required in Schedule A. & B. above:

18. Did the applicant business acquire any other stevedoring business (within New York or New Jersey or the Port of New York district) within the past ten (10) years? Yes No
 If so, attach a copy of the purchase and sale agreement and disclose the following:

Seller's Name and address	Name used by seller when seller operated the business	Date purchased	Purchase price

19. Has the applicant business owned any interest in any other stevedoring companies in the past ten (10) years? Yes No

If so, give details, including names of companies, amount of interest owned, and relevant time periods:

20. Has the applicant business owned any interest in any non-stevedoring company in the past ten (10) years? Do not include stock ownership in publicly traded companies. Yes No

If so, give details, including names of companies, amount of interest owned, and relevant time periods:

21. Has the applicant or any principal, parent, or subsidiary or other legal entity with which the applicant is affiliated previously filed at any time for a license as a stevedore? Yes No

If the answer is yes, state the details, the disposition of the application, and the name and address and affiliation with such corporation or other legal entity:

22. Has the applicant or any parent, subsidiary, or other legal entity with which the applicant is affiliated ever had a license revoked or suspended, or been reprimanded by the Waterfront Commission of New York Harbor? Yes No
 If yes, state the details and the disposition of the matter:

23. Did the current owner purchase the assets of the applicant or acquire the applicant pursuant to a written purchase or buyout agreement or assignment? Yes No

If yes, the applicant may be required to provide a copy of the agreement or assignment upon request.

If yes, disclose the following:

Date of Purchase: _____

Previous owner(s) Name(s): _____

Has the purchase price been paid in full? _____

24. Identify current employees of the applicant business and provide the requested information (You may attach information on a separate sheet and/or format):

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
(Home Address)	(City)	(State)	(Zip Code)
Address:			Date Hired:
Position:			Hrs. Per/Wk:
Phone No(s):			

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
(Home Address)	(City)	(State)	(Zip Code)
Address:			Date Hired:
Position:			Hrs. Per/Wk:
Phone No(s):			

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
(Home Address)	(City)	(State)	(Zip Code)
Address:			Date Hired:
Position:			Hrs. Per/Wk:
Phone No(s):			

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
Address:			
(Home Address)	(City)	(State)	(Zip Code)
Position:			Date Hired:
Phone No(s):			Hrs. Per/Wk:

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
Address:			
(Home Address)	(City)	(State)	(Zip Code)
Position:			Date Hired:
Phone No(s):			Hrs. Per/Wk:

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
Address:			
(Home Address)	(City)	(State)	(Zip Code)
Position:			Date Hired:
Phone No(s):			Hrs. Per/Wk:

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
Address:			
(Home Address)	(City)	(State)	(Zip Code)
Position:			Date Hired:
Phone No(s):			Hrs. Per/Wk:

Name:			SSN:
(Last Name)	(First Name)	(Middle Initial)	D.O.B.:
Address:			
(Home Address)	(City)	(State)	(Zip Code)
Position:			Date Hired:
Phone No(s):			Hrs. Per/Wk:

25. Are any principals of the applicant company related by kinship or marriage to any present or past employees registered or licensed to work by the Waterfront Commission of New York Harbor? Yes No

If yes, give details:

26. List all piers or other waterfront terminals (including any waterfront warehouses or depots) at which the applicant does business in the Port of New York district and specify whether such piers, waterfront terminals, or waterfront warehouses or depots are owned, leased, or serviced by contract with the owner or lessor (list name of owner or lessor), by the applicant:

Pier, other waterfront terminal, warehouse and/or depot Owned, Leased, or other & name(s)

27. Is the applicant a party to any contract or arrangement (written or oral) now in force or which will take effect upon the issuance of a stevedore license:

(A) With a carrier of freight by water or a licensed stevedore, to move waterborne freight carried or consigned for such carrier on vessels berthed at piers, on piers at which such vessels are berthed or at other waterfront terminals? Yes No

(B) With any person to perform labor and/or services incidental to the movement of waterborne freight on vessels berthed at piers, on piers or at any other waterfront terminals (including but not limited to cargo storage or warehousing, cargo repairing, marine carpentry, strapping, lashing, chocking, coopering, weighing, scaling, cargo inspection and sampling, general maintenance, mechanical, container or equipment repair, vehicle preparation, tire repair, export packing, cleaning services, grain ceiling, movement of ships stores)?
Yes No

(C) With any other person to perform labor and/or services involving, or incidental to the movement of freight into or out of containers (which containers have been or will be carried by a carrier of freight by water) on vessels berthed at piers, on piers, or any waterfront terminals? Yes No

SCHEDULE D- Contracts or Arrangements for the Movement of Waterborne Freight -

Disclose the following information for any contract or arrangement (written or oral) now in force or which will take effect upon the issuance of a temporary permit or license. In lieu of specifying the details, you may attach a copy of the contract.

Client Name	Contract Commencement Date	Contract Expiration Date

Contracts or Arrangements for Services Incidental to the Movement of Waterborne Freight including but not limited to: snow removal; tire repair; cleaning; sweeping; chassis maintenance and/or repair; crane maintenance and/or repair; loading and unloading and etc. Disclose the following information for any contract or arrangement (written or oral) now in force or which will take effect upon the issuance of a temporary permit or license. In lieu of specifying the details, you may attach a copy of the contract.

Vendor	Service Provided	Contact and Address

28. Has the applicant business ever defaulted on a contract or had a contract terminated?

Yes No If so, please explain:

29. Has the applicant or any of its officers, directors, stockholders, members, partners, or any agent or employee or other person acting on its behalf, or any parent or subsidiary corporation or other legal entity with which it is affiliated, offered to pay, paid, given, or cause to have been given, to any officer, agent, employee, or other representative, of any carrier of freight by water, stevedore, or other person with whom it is doing or did business, any valuable consideration, for an improper or unlawful purpose or to induce such person to

procure the employment of the applicant by such carrier for the performance of stevedoring services, other than for the account of such carrier, stevedore or other person? Yes No
If the answer is yes, give details including but not limited to: dates, locations, amounts, and purposes of payment or offers and identify all parties to the transaction:

30. Has the applicant or any of its officers, directors, stockholders, members, partners, or any agent, employee, or other person acting on its behalf, or any parent or subsidiary corporation, or other legal entity with which it is affiliated, offered to pay, paid, given, or caused to have been paid or given, directly or indirectly, to any officer, agent, or representative of any labor organizations, any valuable consideration, for an improper or unlawful purpose or to induce such officer or representative to subordinate the interest of such labor organization or its members in the management of the affairs of such labor organization to the interest of the applicant, other than as salary or wages for labor performed? Yes No

If the answer is yes, give details including but not limited to: dates, locations, amounts, and purposes of payment or offers and identify all parties to the transaction:

31. Has the applicant or any of its officers, directors, stockholders, members partners, or any agent, employee, or other person acting on its behalf, or any parent or subsidiary corporation, or other legal entity with which it is affiliated, offered to pay, paid, given, or caused to have been paid or given, to any person, corporation or other entity, any valuable consideration for some unlawful purpose? Yes No

If the answer is yes, give details including but not limited to: dates, locations, amounts, and purposes of payment or offers and identify all parties to the transaction.

32. Has the applicant business or any parent or subsidiary or other legal entity with which the applicant is affiliated ever had a license, permit, registration, or authority to operate from any government agency denied, suspended or revoked? Yes No

33. Has the applicant business or any parent or subsidiary or other legal entity with which the applicant is affiliated ever been a member of a trade association related to the movement of waterborne freight? Yes No

Part II - APPLICANTS CRIMINAL, CIVIL, AND ADMINISTRATIVE HISTORY

Instruction: Any natural person who is a principal (as defined above), an officer, director, stockholder holding more than five percent (5%) of a corporation, member, manager, partner, party to a joint venture, all persons having an ownership interest of five percent (5%) or more, and all persons (irrespective of organizational title) having managerial authority, must submit a **Form SB-2 Personal Information Supplement to Application for Stevedore License** and disclose therein their arrest and criminal history and history of felony and misdemeanor convictions (if any). Any criminal history information regarding a natural person or business entity or the applicant that will not be disclosed on such SB-2 form must be disclosed in response to these questions.

34. Has the applicant or any of its officers, directors, stockholders, members, managers, partners, or any agent, employee, or other person acting on its behalf, or any parent or subsidiary corporation, or other legal entity with which it is affiliated, within the last five (5) years, been a party to a proceeding before any Federal, State, or local regulatory or licensing agency? Yes No

If yes, fill in the details below:

Parties / Entity Name	Dates of Proceeding	Nature of Proceeding	Disposition (if any)	Agency, Authority, or Commission Involved

35. Has the applicant or any parent or subsidiary or other legal entity with which the applicant is affiliated been charged with any crime or offenses, or been convicted of any felony or misdemeanor or other crime or offense in any jurisdiction? Yes No

If yes, disclose the details below:

Entity Name	Date of Arrest	Date of Conviction	Indictment, Docket, or Index No.	Charges and Sentence	Court and Jurisdiction

36. Are there any criminal charges or offenses or any misdemeanor or felony charges pending against the applicant or any parent or subsidiary or other legal entity with which the applicant is affiliated? Yes No

If yes, disclose the details below:

Entity Name	Date of Arrest	Charge	Indictment or Docket No.	Status	Court and Jurisdiction

37. Has any current employee of the applicant earning \$100,000 or more per year been convicted of any felony or misdemeanor in any jurisdiction? Yes No

If yes, disclose the details below:

Entity Name	Date of Arrest	Date of Conviction	Indictment, Docket, or Index No.	Status	Court and Jurisdiction

38. Are there any criminal, misdemeanor or felony charges pending against any employee of the applicant earning \$100,000 or more per year? Yes No

If yes, disclose the details below:

Entity Name	Date of Arrest	Charge	Indictment or Docket No.	Status	Court and Jurisdiction

39. Has the applicant or any parent or subsidiary or other legal entity with which the applicant is affiliated been found liable in any civil action(s) brought by any municipal, state, or federal government? Yes No

If yes, fill in details below:

Entity Name	Gov't Agency Bring Action	Date, Court & Docket No.	Name of the Investigation/Charges	Outcome / Disposition

40. Are there any pending civil actions brought by a municipal, state, or federal government agency? Yes No

If yes, fill in details below:

Entity Name	Gov't Agency Bring Action	Date, Court & Docket No.	Name of the Investigation/Charges	Outcome / Disposition

41. Has the applicant or any of its officers, directors, stockholders, partners, or any agent, employee, or other person acting on its behalf, or any parent or subsidiary corporation, or other legal entity with which it is affiliated, within the last five (5) years, been the subject of any investigation or the defendant or respondent in any proceeding by the United States or any State or local government body or any authority, agency or commission of the foregoing? (Do not discuss matters discussed in the previous question.)

Yes No

If the answer is yes, state details, including parties, dates, and nature of the investigation or proceeding.

42. During the past ten (10) years, has the applicant or any of its officers, directors, members, managers, stockholders, partners, or any agent, employee, or other person acting on its behalf, or any parent or subsidiary corporation, or other legal entity with which it is affiliated:

(A) Received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body? Yes No

(B) Received a subpoena requiring the production of documents in connection with a federal, state, or local investigation? Yes No

(C) Been cited for contempt of any court, grand jury, or any legislative, civil, criminal, or administrative body? Yes No

(D) Entered a plea of nolo contendere to any felony or misdemeanor charge? Yes No

(E) Been granted immunity from prosecution for any conduct constituting a crime under federal or state law? Yes No

If the answer is yes to any of the above questions, fill in the information below:

Individual or Applicant Involved	Gov't Agency Bring Action	Date and Nature of Action/Investigation Case	Charges brought, if any	Status or Outcome

Part III - FINANCIAL INFORMATION

43. List each financial account used by the applicant business during the past five (5) years, including, but not limited to, accounts maintained at banks, credit unions, brokerage firms or other financial institutions, and provide the requested information:

Type of Account:	_____					Account No.:	_____
Name & Address of Institution:	_____	_____	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)		
Account Officer Name & Contact:	_____						
	(Name)	(Address)	(City)	(State)	(Zip Code)	(Phone No.)	
Name & Address of Authorized Signee on behalf of Applicant:	_____						
	(Name)	(Address)	(City)	(State)	(Zip Code)	(Phone No.)	
Type of Account:	_____					Account No.:	_____
Name & Address of Institution:	_____	_____	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)		
Account Officer Name & Contact:	_____						
	(Name)	(Address)	(City)	(State)	(Zip Code)	(Phone No.)	
Name & Address of Authorized Signee on behalf of Applicant:	_____						
	(Name)	(Address)	(City)	(State)	(Zip Code)	(Phone No.)	
Type of Account:	_____					Account No.:	_____
Name & Address of Institution:	_____	_____	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)		
Account Officer Name & Contact:	_____						
	(Name)	(Address)	(City)	(State)	(Zip Code)	(Phone No.)	
Name & Address of Authorized Signee on behalf of Applicant:	_____						
	(Name)	(Address)	(City)	(State)	(Zip Code)	(Phone No.)	

Type of Account:	_____ Account No.: _____				
Name & Address of Institution:	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)
Account Officer Name & Contact:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)
Name & Address of Authorized Signee on behalf of Applicant:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)

Type of Account:	_____ Account No.: _____				
Name & Address of Institution:	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)
Account Officer Name & Contact:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)
Name & Address of Authorized Signee on behalf of Applicant:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)

Type of Account:	_____ Account No.: _____				
Name & Address of Institution:	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)
Account Officer Name & Contact:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)
Name & Address of Authorized Signee on behalf of Applicant:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)

Type of Account:	_____ Account No.: _____				
Name & Address of Institution:	_____	_____	_____	_____	_____
	(Institution Name)	(Address)	(City)	(State)	(Zip Code)
Account Officer Name & Contact:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)
Name & Address of Authorized Signee on behalf of Applicant:	_____				
	(Name)	(Address)	(City)	(State)	(Zip Code)
					(Phone No.)

44. **Real Property.** List each direct or indirect interest in real property (other than a primary residence) currently held by applicant business. If none, state “none.”

Real Property Interest (1)

Facility: _____

Address: _____

Is Facility owned leased or otherwise utilized, by the applicant?

Name and Address of Landlord or Mortgage Holder: _____

Name and Address of Person or Entity From Whom Real Property Interest Was Acquired:

Approximate Purchase or Rental Cost: _____

Approximate Current Value: _____

Real Property Interest (2)

Facility: _____

Address: _____

Is Facility owned leased or otherwise utilized, by the applicant?

Name and Address of Landlord or Mortgage Holder: _____

Name and Address of Person or Entity From Whom Real Property Interest Was Acquired:

Approximate Purchase or Rental Cost: _____

Approximate Current Value: _____

Real Property Interest (3)

Facility: _____

Address: _____

Is Facility owned leased or otherwise utilized, by the applicant?

Name and Address of Landlord or Mortgage Holder: _____

Name and Address of Person or Entity From Whom Real Property Interest Was Acquired:

Approximate Purchase or Rental Cost: _____

Approximate Current Value: _____

Real Property Interest (4)

Facility: _____

Address: _____

Is Facility owned leased or otherwise utilized, by the applicant?

Name and Address of Landlord or Mortgage Holder: _____

Name and Address of Person or Entity From Whom Real Property Interest Was Acquired:

Approximate Purchase or Rental Cost: _____

Approximate Current Value: _____

45. **Loans or Notes Held By Applicant Business.** List all outstanding loans made or outstanding notes held by applicant business in excess of \$2000. (This refers to monies that are owed to the applicant business. It includes, but is not limited to, notes on routes or trade removal businesses that have been sold to others.) If none, state “none.”

Name and Address of Debtor	Original Amount and Date of Loan	Terms of Loan, and security, if any	Approximate balance standing

46. **Loans Owed by the Applicant Business.** Does the applicant business have any indebtedness in excess of \$2,000, including, but not limited to, loans, lines of credit, notes due on company purchases, and mortgages on real property? Yes No
 If yes, provide the requested information below:

Name and Address of Creditor	Account No.	Amount of Indebtedness	Maturity Date	Terms of Repayment	Name and Phone No. of Loan Officer

47. Has the applicant business or any predecessor business been subject to forfeiture, receivership, or independent monitoring in the past ten (10) years? Yes No
 If yes, attach a copy of agreement or documentation and provide the requested information below:

Name of Entity	Judicial Body	Court Decision	Dates Involved

48. Has the applicant business and any of its principals filed all required tax returns and tax forms related to the applicant business (including, but not limited to, income tax returns, sales tax forms, and property tax forms) by the due date within a properly obtained extension period for each of the past five (5) years? Yes No
 If No, provide the requested information below:

Name and Address of Principal or Applicant During Year(s) in Question	Tax Year(s) Involved	Type of Return Involved	Date(s) When Last Return(s) Were Filed	Reason for Late or Non-Filing	Penalty Assessed, If any

49. Has the applicant paid all required taxes and insurance premiums related to the business (including, but not limited to, business taxes, sales taxes, commercial rent taxes, property taxes, unemployment insurance premiums, and workers compensation premiums) for the five (5) tax years preceding the date this application is submitted? Yes No
 If no, provide an explanation below. If applicant business is contesting such taxes in a pending judicial or administrative proceeding, attach the relevant documentation.

50. Tax Liens. List below any tax liens entered against the applicant business by any tax authority. If none, state “none.”

Date Entered and Docket Number	Name of Tax Attorney	Original Amount	Amount Outstanding

51. Other Monies Owed to Tax Authorities. List below the requested information on any monies currently owed by applicant business to tax authorities, other than those tax debts already listed on the question above. Indicate the status of the matter (i.e., the date by which the relevant party will make payment, whether the tax authorities have instituted proceedings against the applicant, etc.). If none, state “none.”

Date	Name of Tax Attorney	Amount	Status

52. Bankruptcy Proceedings. During the past ten (10) years, has the applicant business, any predecessor business, or any current principal of the applicant business been a debtor in a bankruptcy or reorganization proceeding? Yes No
If yes, provide the requested information below.

Caption	Date Filed	Docket #	Court Jurisdiction	Status

53. Gifts to Applicant Business. Identify all persons or entities from whom the applicant business or any principal of the applicant business has received gifts valued at \$1,000 or more during the past (3) three years. If none, state “none”

Source of Gift	Recipient	Relationship of source of gift to recipient	Nature and amount of gift	Date of gift

54. Gifts Given by Applicant Business. Identify all persons or entities to whom/which the applicant business or any principal of the applicant business has given gifts valued at \$1,000 or more during the past three (3) years, excluding any organization recognized by the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code. If none, state “none.”

Recipient	Identify principal who gave gift - if applicant, so state	Relationship of recipient to applicant or principal	Nature and amount of gift	Date of gift

55. For each vehicle to be used during the conduct of applicant’s business, list vehicle identification numbers, registration numbers and license plate numbers. Also, attach a copy of each vehicle registration card and each insurance card:

Vehicle Identification Number (VIN)	Registration Number	License Plate Number State & Number

Does the applicant business maintain automobile liability insurance coverage for each vehicle listed in response to Question 55? Yes No

If No, state reasons why: _____

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY IF APPLICANT IS
A CORPORATION**

57. State (ex. New York, New Jersey) of incorporation: _____

58. Date of Incorporation: _____

59. Amount of capital stock of applicant issued and withstanding:

(Amount of common stock)

(Number of shares)

(Amount of common stock)

(Number of shares)

60. Names and residences of all officers and directors of said corporation as of the date of filing of this application:

Name	Residence	Officer or Director (and title, if officer)

61. Names and addresses of all stockholders who own five percent (5%) or more of the applicant stock as of the date of filing of this application:

Name of stockholder	Address of stockholders	Shares of stock Common/Preferred	Percentage of Total Outstanding

62. Does any person, other than any stockholder, officer, or director named herein, have any interest, financial, proprietary, or otherwise, directly or indirectly, in the business of the applicant? Yes No

If yes, state names, addresses, and interest of such persons and when such interest was acquired:

63. Has any person (excluding the applicant named herein, or any State or Federal banking institution) made any loan relating to the applicant's business within the last five (5) years?
Yes No
If yes, give details:

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY BY INDIVIDUAL, PARTNERSHIP, OR JOINT VENTURE APPLICANTS

64. Name and residence of applicant (If partnership or joint venture, name each party):

65. Date the applicant commenced doing business under its present name: _____

66. Does the applicant have a business certificate on file? Yes No

If yes, state the date and place of such filing:

67. Does any person, other than the applicant, partner or party to a joint venture named herein, have any interest, financial, proprietary or otherwise, directly or indirectly, in the business of the applicant? Yes No

If yes, state the names, addresses, and interest of such persons and date interest was acquired:

68. Has any person (excluding the applicant, partner, party to a joint venture named herein, or any State or Federal banking institution) made any loan relating to the applicant's business within the last five (5) years? Yes No

If yes, give details:

Name of predecessor entity, if any:

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED
ONLY IF THE APPLICANT IS AN LLC**

70. The names and residences of all members and managers as of the date of filing of this application:

71. Date the applicant commenced doing business under its present name: _____

72. Do any persons, other than the members and managers named herein, have any interest, financial, proprietary or otherwise, directly or indirectly, in the business of the applicant?

Yes No

If yes, state the names, addresses, and interest of such persons and date interest was acquired:

73. Has any person (excluding the applicant, members or managers, or any State or Federal banking institution) made any loan relating to the applicant's business within the last five years? Yes No

If yes, give details

74. Name of predecessor entity, if any:

SA-2 RELEASE AUTHORIZATION

I _____, am the _____ of
(Print Name) (Title/Position)
_____ (the "Applicant"); I am over the age of twenty-one
(21) years and I have the authority to execute this Release Authorization on behalf of the
Applicant.

I hereby authorize the Waterfront Commission of New York Harbor ("Commission") to conduct an investigation into the background of the Applicant and its affiliates, agents and employees for the purpose of determining whether the Applicant meets the licensing standards set forth in the Waterfront Commission Act ("Act"). I hereby authorize any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the Applicant, and/or the Applicant's affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent and/or representative of the Commission, provided that he or she represents that the Applicant has an application for a Stevedore License pending before the Commission, or that the Applicant is presently a permittee and/or licensee under the Act.

I hereby authorize the release of any such information by any federal, state, local or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, data systems management companies, educational institutions, employee benefits managers, my employees, my employers, financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities. This release shall apply to any such entities and individuals wherever they may be located, whether or not in the States of New York or New Jersey, or the United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, facsimile, mail, computer media or by any other means.

In connection with the release of information pursuant to this Release Authorization, I hereby waive the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state, or local law. I do so with the understanding that the Commission shall take all necessary measures to protect the confidentiality of the information released pursuant hereto.

This Release Authorization shall be effective from the date set forth below until December 1, 2020. A photocopy or facsimile of this Release Authorization shall be construed as valid as though it were the original.

NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION:

I hereby waive any right to be notified when an entity or individual releases information pursuant to this Release Authorization and hereby authorize the Waterfront Commission of New York Harbor to direct any such entity or individual not to provide such notification.

Signature

Sworn To and Subscribed Before Me

This _____ Day of _____, 20 _____

Notary Public