



DATE \_\_\_\_\_

Form SB-3

**WATERFRONT COMMISSION OF NEW YORK HARBOR**

**Ownership Information Supplement to Application of**

*(Name of Company Applying For a Stevedore License)*

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

**INSTRUCTIONS:** In the event that any form of a corporation, a limited liability company/corporation, a partnership, a holding company, a joint venture, a syndicate, an association or any other entity, has an ownership interest in and/or controlling interest in and/or owns five percent (5%) or more of the stock of the applicant company, the following must be completed and verified by the President, Secretary and Treasurer of a corporation, each member or manager (if authority is delegated) of a limited liability company/corporation, and by each partner or principal if a partnership, holding company joint venture, syndicate, association or other entity having an ownership interest in and/or controlling interest in, and /or owning five percent (5%) or more of the applicant's stock. Attach riders if necessary.

1. Name of business entity \_\_\_\_\_

2. Type of entity (corporation, LLC, partnership, etc.) \_\_\_\_\_

3. (a) Address\_\_\_\_\_

(b) Has the Corporation ever been located at a different address? Yes  No

If Yes, please supply the past address(es) and years at that address(es)

Street Address

City	State	Zip	Dates corporation located there
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Street Address

City	State	Zip	Dates corporation located there
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4. Relationship to applicant, if any, (e.g. parent, subsidiary, affiliate, etc.)

\_\_\_\_\_

**5. (To be answered only by a Corporation)**

**(a) Names and addresses of officers and directors of the corporation:**

**OFFICERS**

**President:** \_\_\_\_\_  
Name (First, MI, Last) \_\_\_\_\_ Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Secretary:** \_\_\_\_\_  
Name (First, MI, Last) \_\_\_\_\_ Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Treasurer:** \_\_\_\_\_  
Name (First, MI, Last) \_\_\_\_\_ Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**BOARD OF DIRECTORS**

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**(b) Names and addresses of stockholders owning 5% or more of the corporation:**

**STOCKHOLDERS**

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**6. (To be answered only by a partnership) Names and addresses of partners or principals of the partnership:**

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**7. (To be answered only by a Limited Liability Company/Corporation (LLC))  
Names and addresses of Members and Managers (if authority is delegated):**

**LLC Members**

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**LLC Managers (If authority is delegated)**

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**8. Has the party named in Question one (1.) above, 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, offered to pay, paid, given, or caused to have been paid or given, to any officer, agent, or employee, or other representative of any carrier of freight by water, stevedore or other person with whom it is doing or did conduct business with, any valuable consideration, 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 payments or offers and identify all parties to the transaction:

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**9. Has the party named in Question one (1.) above, 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, offered to pay, paid, given, or caused to have been paid or given directly or indirectly, to any officer, agent or representative or any labor organization, any valuable consideration 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 payments or offers and identify all parties to the transaction.

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**10. Has the party named in Question one (1.) above, 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, offered to pay, paid, given or caused to have been paid or given, to any person, corporation or other entity, any valuable consideration, in violation of the laws of the United States or any state, territory, or political subdivision thereof, or the laws of any foreign country? Yes  No**

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

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**11. Has the party named in Question (1.) one above, or any person identified in response to Questions five (5.), Six (6.) or Seven (7.) above or any parent or subsidiary corporation or other legal entity with which it is affiliated, 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, state details, including names of parties or persons, date(s) of such charge(s), arrest(s), conviction(s), nature of conviction(s) and court(s):**

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**12. Has the party named in Question one (1.) above, or any person identified in response to Questions five (5.), Six (6.) or Seven (7.) above 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, state details, including parties, dates, nature of proceeding, disposition (if any), and agency, authority or commission involved:**

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**13. Has the party named in Question one (1.) above, or any person identified in response to Questions five (5.), Six (6.) or Seven (7.) above 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 or before the United States or any state or local governmental body or any authority, agency or commission of the foregoing (Do not include matters disclosed in Question 10 above)? Yes  No**

**If yes, state details, including parties, dates and nature of investigation or proceeding:**

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## **SIGNATURES**

(A) **If partnership, LLC, or entity other than Corporation, each partner, principal, or member, manager (if authority is delegated) SIGN HERE:**

Print Name	Signature

(B) **If corporation, the following SIGN HERE:**

PRESIDENT	_____ Print Name
SECRETARY	_____ Print Name
TREASURER	_____ Print Name

**ALL PERSONS EXECUTING THIS APPLICATION MUST COMPLETE THE  
“SWORN STATEMENT” ON THE FOLLOWING PAGE BEFORE A NOTARY  
PUBLIC OR OTHER OFFICER ADMINISTERING OATH.**

**A separate Sworn Statement Must Be Made by Each Person Who Signed the Above  
Ownership Information Supplement**

**SWORN STATEMENT**

State of        )  
                    ss.:  
County of        )

, being duly sworn according to law, on his/her oath deposes and says that he/she is the person who signed the above as individual ( ) partner ( ) member ( ) manager ( ) president ( ) secretary ( ) treasurer ( ); that he (she) has read the said supplement; that the statements therein contained are true to his/her own knowledge; and that if he/she has signed the same on behalf of a corporation, he/she has been duly authorized to do so.

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(Signature)

Sworn to and subscribed before me  
This        day of                          , 201 .

(Signature of notary or other officer administering oath)

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**A separate Sworn Statement Must Be Made by Each Person Who Signed the Above  
Ownership Information Supplement**

**SWORN STATEMENT**

State of        )  
                    ss.:  
County of        )

\_\_\_\_\_, being duly sworn according to law, on his/her oath deposes and says that he/she is the person who signed the above as individual ( ) partner ( ) member ( ) manager ( ) president ( ) secretary ( ) treasurer ( ); that he (she) has read the said supplement; that the statements therein contained are true to his/her own knowledge; and that if he/she has signed the same on behalf of a corporation, he/she has been duly authorized to do so.

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(Signature)

Sworn to and subscribed before me  
This        day of                          , 201 .

(Signature of notary or other officer administering oath)

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(Signature)

Sworn to and subscribed before me  
This        day of                      , 201 .

(Signature of notary or other officer administering oath)

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