## **CITY OF JERSEY CITY**

## DEPARTMENT OF HEDC- DIVISION OF COMMERCE STOCKHOLDER/PARTNERSHIP DISCLOSURE FORM

CHECK ALL THAT APPLIES:	NEW APPLICANT □	RENEWAL □	CORPORATION □	PARTNERS	HIP  LLC	
	LICENSE TYP	PE:				
Company Name:		Trade Name:				
If a Corporation, Number of s	shares issued:	Is the Cornoration	on a Publicly Owned Com	many? YFS □	NO □	
_		_	Syl			
First Name:	Last N	ame:	Position:			
Home Address:	City: _		State: Zip (	Code:		
Telephone Number:		Ema	il:			
Date of Birth:/	Driver's Lice	nse #				
Partnership and "Non Publicl	y Owned" Corporation	s Complete below				
Member/Stockholder/ Partner I	Home Address	Date of Birth	Driver's License Number	r State	# of Shares	
1						