



NEW YORK STATE DEPARTMENT OF LAW  
 INVESTOR PROTECTION BUREAU  
 120 Broadway, 23rd Floor  
 New York, NY 10271-0332  
 1-800-771-7755 TDD (for hearing impaired) 1-800-788-9898  
 www.oag.state.ny.us  
**BROKER/DEALER STATEMENT**  
 (Section 359-e General Business Law)

**NY FORM M-1**

**Type of filing:**

**New/Original**

**Renewal** File Number \_\_\_\_\_ (Found on fee receipt for original filing)

NOTE: If registrant is applying to sell securities of which it is the issuer, the registrant must file on NY Form M-11, Issuer Statement (IPS M-11).

Broker/Dealer Firm Name \_\_\_\_\_ Principal Office Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Street Address \_\_\_\_\_  
 City State Zip Code

Branch offices in New York State: Name and Address

1. Is registrant now licensed, or otherwise qualified to transact securities or commodities business in any other state? Yes \_\_\_ No \_\_\_  
 If "Yes", list state(s) \_\_\_\_\_

2. For the following questions, indicate whether any of the following apply to the registrant, any officer, director or principal or partner. If any answer is "Yes", attach a detailed explanation.

Have any of the persons specified above...

A. ever been suspended or expelled from membership in any securities or commodities exchange, association of securities commodities dealers or investment or commodities trading advisors or council? Yes \_\_\_ No \_\_\_

B. ever had a license or registration as a dealer, broker, investment advisor, salesperson futures commission merchant, associated person commodity pool operator, or commodity trading advisor denied, suspended or revoked? Yes \_\_\_ No \_\_\_

C. ever been enjoined or restrained by any court or government agency from.....  
 1. the issuance, sale or offer for sale of securities or commodities? ..... Yes \_\_\_ No \_\_\_

2. rendering securities or commodities advice or counsel?..... Yes \_\_\_ No \_\_\_

3. handling or managing trading accounts?..... Yes \_\_\_ No \_\_\_

4. continuing any practices in connection with securities or commodities?..... Yes \_\_\_ No \_\_\_

D. ever been convicted of any crime? ..... Yes \_\_\_ No \_\_\_

E. ever used or been known by any other name? ..... Yes \_\_\_ No \_\_\_

<p>Please indicate where the fee receipt should be sent:  <input type="checkbox"/> Attorney <input type="checkbox"/> Broker/Dealer Firm</p> <p>_____          Attorney or Broker/Dealer Firm Name</p> <p>_____          Street Address</p> <p>_____          City State Zip</p>	<p>Filing Fee for Broker-Dealer Statement ..... \$1200.00</p> <p>Make check payable to the NYS Department of Law.</p> <p>Payment by Attorney's check, company check, certified check, bank check or money order only. Personal checks not accepted.</p> <p>Send remittance to:          Investor Protection and Securities Bureau          NYS Department of Law          120 Broadway, 23<sup>rd</sup> Floor          New York, New York 10271</p>
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3. Does registrant furnish investment advice for compensation? ..... Yes \_\_\_ No \_\_\_
4. Has registrant sold securities to the public within the last three years? ..... Yes \_\_\_ No \_\_\_
5. Does registrant meet the net capital requirements as described in NY Gen. Bus. Law Sec.352-k? Yes \_\_\_ No \_\_\_  
 (If at any time you do not meet the net capital requirements, you must notify NYS Department of Law)
6. Are fingerprints on file with any of the following?:  
 SEC  NASD  New York State..... Yes \_\_\_ No \_\_\_  
 N.Y. or other major exchange, indicate which:

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7. Registrant has been a securities broker for \_\_\_\_\_ years.
8. Has actual control of registrant changed during past five years? Yes \_\_\_ No \_\_\_  
 If "Yes", attach a detailed explanation of the sources of all registrant's capital (including amounts from each source).
9. Give nature and location of each business in which registrant has engaged during the preceding five years.  
 From (Month/Year)      To (Month/Year)      Business Location and Nature

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10. For each officer, director, principal, or partner, please provide the information requested. If additional space is necessary, please attach additional pages.

10a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Residence: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Prior home addresses for past five years:

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List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo./ Yr.	To Mo./ Yr.	Employer or Business Affiliation		Position Held and Type of Business
		Name	Address	

10b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
 Residence: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Prior home addresses for past five years:

\_\_\_\_\_  
 \_\_\_\_\_

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation		Position Held and Type of Business
		Name	Address	

10c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
 Residence: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Prior home addresses for past five years:

\_\_\_\_\_  
 \_\_\_\_\_

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation		Position Held and Type of Business
		Name	Address	

10d. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
 Residence: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Prior home addresses for past five years:

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation		Position Held and Type of Business
		Name	Address	

11. List name, residence and nature of employment for all account executives, securities salespersons, customer's employees, and registered representatives employed to sell in NY State. These persons must file or have on file a NY Form M-2 or M-4.  
 NOTE: NASD member firms who have registered their salespeople through the CRD system do not need to answer this question.

Name                      Address                      Nature of Employment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Each of the undersigned, constituting all officers, directors, partners, and controlling principals of the registrant, does hereby state and represent that all statements contained herein are true and correct and each understands that any false statement shall constitute a violation of Article 23-A of the General Business Law. Power of Attorney is not acceptable. Please type or print. Attach additional paper if necessary.**

Signature                      Name and Title                      Date

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**To complete this filing a State Notice form must be filed with the NYS Secretary of State. Also, in the case of non-resident brokers, a Consent to Service of Process form must be filed with the Secretary of State. All changes or amendments to this form must be submitted on NY Form M-3 with a fee of \$30.00.**