



42 Broadway
5th Floor
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

GENERAL VENDOR DISTRIBUTOR ROSTER OF VEHICLES

General Vendor Distributor: _____
Name of License Applicant

Please enter below information for each truck your business will operate. You must submit a current New York State Commercial Truck Registration for each vehicle listed OR a copy of the lease agreement if trucks are leased. Attach additional papers as necessary.

Truck	DMV License Plate Number	Vehicle Identification Number (VIN)	State of Registration
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Signature

Print Name

Title (if any)

Date