



致：申请加入一般供应商候补名单者

申请加入一般供应商候补名单的期限为 2016 年 10 月 17 日至 2016 年 11 月 15 日。消费者事务部 (DCA) 必须于 2016 年 11 月 15 日下午 5 点之前收到您填写好的《一般供应商候补名单加入申请表》。

文件包内容

- 2016 年 9 月 2 日《城市报告》上发布的通知
- 《一般供应商候补名单加入申请表》
(应于 2016 年 11 月 15 日下午 5 点之前提交)
- 常见问题：申请加入一般供应商候补名单
- 《地址更改表》
(用于提供关于地址更改的书面通知)
- 纽约州选民登记表
(无论您是否申请登记投票，都将不会影响 DCA 将为您提供的帮助。)

申请要求

- 填写好的《一般供应商候补名单加入申请表》
- 申请加入候补名单者的附照片身份证明 (ID) 的复印件
ID 必须包括出生日期。可接受的 ID 类型包括：
 - 州机动车管理部颁发的驾驶证或非驾驶证类型的身份证明
 - 护照
 - 外国居民卡/绿卡
 - 市身份证

重要信息

- 如果您没有任何表格中列出的附照片 ID，您仍可以申请加入候补名单。请注意若没有附照片 ID，您无法申请一般供应商许可证。因此 DCA 极力主张您尽快获得附照片 ID。
- 一般供应商候补名单上的顺序号 (即位置) 只能申请一次。
- 如果您在任何时候更改您的联系地址，必须以书面形式告知 DCA。请使用随附的《地址更改表》，您也可以通过访问 nyc.gov/dca 获得该表。
- 候补名单上的顺序号 (即位置) 不可转让。

NOTICE

Notice about Waiting List for General Vendor Licenses published on September 2, 2016 in The City Record.

As required by Section 2-319 of Title 6 of the Rules of the City of New York, the Department of Consumer Affairs (DCA) will be establishing a new waiting list of individuals seeking General Vendor licenses.

From October 17, 2016 through 5 p.m. on November 15, 2016, DCA will accept applications from individuals requesting to be included on the waiting list. On November 15, 2016, the waiting list will close and will not open again until DCA determines that the number of individuals on the list has fallen below 300.

DCA will provide the Waiting List Application Form (Application Form) that individuals must use to be included on the waiting list. Individuals must provide their full name, contact address, date of birth, and a copy of photo identification. If an individual's contact address changes after submission of the Application Form, the individual must submit written notification of the change of address to DCA or risk losing the opportunity to apply for a General Vendor license.

DCA will accept only one Application Form from each individual. Upon the close of the waiting list application period, DCA will assign each individual a number (i.e., position) on the waiting list based on a computer-generated random number selection program. DCA will mail a notice with the number (i.e., position) to the individual's most recently provided contact address.

An individual who is determined, based on position on the waiting list, to be eligible to apply for a General Vendor license will receive a notice from DCA. DCA will mail the notice with instructions to the individual's most recently provided contact address. The individual will have 60 days to submit a complete license application, including required fees, for a General Vendor license. If DCA does not receive the completed license application and fees within the 60-day period, the offer will become void, and the individual's waiting list position is surrendered.

NOTE: An individual's number on the waiting list is not transferable.

Individuals can submit the Application Form and written notification of a change in address in one of the following ways:

- In person at:

DCA Licensing Center
42 Broadway, Lobby
New York, NY 10004

NYC Small Business Support Center
90-27 Sutphin Boulevard, 4th Floor
Jamaica, NY 11435

- Online via DCA's website at nyc.gov/consumers
- By regular mail to the DCA Licensing Center address above. NOTE: The envelope containing the request form must be postmarked no later than November 15, 2016.

Visit nyc.gov/consumers for more information.



Consumer Affairs

GENERAL VENDOR WAITING LIST APPLICATION FORM

Last Name	Suffix <i>(e.g., Jr., Sr., Esq.) (optional)</i>	First Name	Middle Name <i>(optional)</i>
Birth Date (MM-DD-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Under the NYC Charter and Administrative Code, the City of New York requests SSN or ITIN to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare. By providing your SSN or ITIN, you give the City permission to use SSN or ITIN for these purposes.</p>	
Contact Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> NOTE: The Department of Consumer Affairs (DCA) will mail the notice with your waiting list number (i.e., position) to this address.			
City	State	ZIP Code	Country/Region
Phone 1 <i>(Primary)</i> ()		Phone 2 <i>(Alternate)</i> ()	
Email <i>(optional)</i> <p>By providing your email address, you consent to receive communications electronically from DCA, and you affirm that the email listed is a reliable form of communication for you.</p>			



常见问题：

申请加入一般供应商候补名单

2016 年 9 月 2 日，消费者事务部（DCA）在《城市报告》上发布了关于就一般供应商许可证建立新的候补名单的通知。本表格包括关于申请加入一般供应商候补名单的常见问题。

哪些人能够申请加入该候补名单，从而申请一般供应商许可证？

任何人都可以申请加入该候补名单。

重要信息：您可以申请将自己加入该候补名单。您不可以：

- 为了将您的候补名单位置转给他人而进行申请。
- 让他人为了将候补名单位置转给您而进行申请。

我可以多次提交加入该候补名单的申请吗？

不可以。您只能提交一次加入该候补名单的申请。

申请加入该候补名单有哪些要求？

您必须提交一份填写好的《一般供应商候补名单加入申请表》，以及显示您的出生日期并附有照片的有效身份证明（ID）的复印件一份。可接受的 ID 类型包括：

- 州机动车管理部颁发的驾驶证或非驾驶证类型的身份证明
- 护照
- 外国居民卡/绿卡
- 市身份证

注意：如果您没有任何表格中列出的可接受的附照片 ID，您仍可以申请加入候补名单。请注意，附照片 ID 是申请一般供应商许可证的必要条件。DCA 建议您尽快获得附照片 ID，以便 DCA 候补名单排号到您时，您已做好准备申请许可证。若没有附照片 ID，您无法申请一般供应商许可证。

我从哪里可以获得《一般供应商候补名单加入申请表》？

您可以通过以下方式获得《一般供应商候补名单加入申请表》：

- 访问 nyc.gov/dca
注意：DCA 将于 2016 年 10 月 17 日发布该申请表。
- 拨打 311 热线并选择“一般供应商候补名单 — 申请加入”服务。
- 造访：
 - DCA 许可中心，地址：42 Broadway, Lobby, Manhattan。营业时间：周一至周五：上午 9:00 至下午 5:00，周三：上午 8:30 至下午 5:00。

或

- 纽约小型企业支持中心，地址：90-27 Sutphin Blvd, 4th Floor, in Jamaica, Queens。营业时间：周一至周五：上午 9:00 至下午 5:00。

我可以何时提交我的《一般供应商候补名单加入申请表》？

您只可在申请期限内提交您填写好的申请表和附照片身份证明的复印件。申请期限为 2016 年 10 月 17 日至 2016 年 11 月 15 日下午 5:00。对于逾期提交的申请，DCA 不予接受。

我可以怎样提交我的《一般供应商候补名单加入申请表》？

您可通过以下方式之一提交您填写好的申请表和附照片身份证明的复印件：

- 在 2016 年 10 月 17 日至 2016 年 11 月 15 日下午 5:00 期间亲自提交至：

DCA Licensing Center

42 Broadway, Lobby

New York, NY 10004

营业时间：周一至周五：上午 9:00 至下午 5:00，周三：上午 8:30 至下午 5:00。

或

NYC Small Business Support Center

90-27 Sutphin Boulevard, 4th Floor

Jamaica, NY 11435

营业时间：周一至周五：上午 9:00 至下午 5:00。

- 在 2016 年 10 月 17 日至 2016 年 11 月 15 日下午 5:00 期间访问 DCA 网站：nyc.gov/dca 并在线提交
- 寄平信至 DCA 许可中心（地址如上所述）。注意：内含您的申请表的信封必须于 2016 年 11 月 15 日之前加盖邮戳。

重要信息：DCA 必须于 2016 年 11 月 15 日下午 5:00 之前收到您填写好的申请表。

在我提交加入该候补名单的申请后，如果我的联系地址发生变化，应该怎么办？

您必须以书面形式向 DCA 告知您的联系地址所发生的任何变化，否则您可能会失去申请一般供应商许可证的机会。请访问 nyc.gov/dca 并获得《地址更改表》，然后将填写好的表格亲自或在线提交至 DCA，或以平信的形式寄至 DCA 许可中心。参见上述地址。

DCA 将如何决定我在一般供应商候补名单中的位置？

申请期限结束后，DCA 将根据一种由计算机生成随机编号的选择程序为每位合格的申请者分配一个顺序号（即位置）。DCA 将以书面形式向您通知您的候补名单编号。

我如何知道自己是否有资格申请一般供应商许可证？

基于您在候补名单中的位置，DCA 将以书面形式通知您是否被确定具有申请一般供应商许可证的资格。DCA 会将通知寄至您提供的最新联系地址，并内附说明。

如果我获邀申请一般供应商许可证，我需要做什么？

DCA 邮寄至您的最新联系地址的通知将包括申请操作指导。**您必须在 DCA 发出邀请之日起 60 天内提交填写好的《一般供应商许可证申请表》，并交纳规定的费用。**有关一般供应商许可证的要求，请访问 nyc.gov/dca。

重要信息：如果您未在 DCA 发出邀请之日起 60 天内满足所有颁发许可证的要求，DCA 的邀请将失效。

如果我未获得一般供应商许可证的申请邀请，以后还会有机会申请吗？

根据法律规定，当获许可的一般供应商的人数不足 853 人时，本市可以颁发新的一般供应商许可证。当 DCA 确定可以颁发一般供应商许可证时，DCA 将根据候补名单上的位置向被确定具有该许可证申请资格的个人寄出通知。

如果我有其他问题，应该怎么办？

如需了解其他信息，请访问 nyc.gov/dca，或拨打 311 热线并要求向 DCA 代表咨询一般供应商许可证事宜。



DCA LICENSING CENTER
 42 Broadway, Lobby
 New York, NY 10004
 Monday-Friday: 9:00 a.m.-5:00 p.m.
 Wednesday: 8:30 a.m.-5:00 p.m.

nyc.gov/dca

NYC SMALL BUSINESS SUPPORT CENTER
 90-27 Sutphin Blvd, 4th Floor
 Jamaica, NY 11435
 Monday-Friday: 9:00 a.m.-5:00 p.m.

DCA Receipt Date Stamp

Accepted by: _____

Change of Address and Contact Information Form For General Vendor Waiting List Applicants

You must notify the Department of Consumer Affairs (DCA) in writing of any change in contact address after you submit your General Vendor Waiting List Application. Use this form to update the address where DCA should mail notices about the General Vendor license. You can also use this form to update your phone number(s) or email.

NAME			
Last Name	Suffix (e.g., Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
DCA General Vendor Waiting List Number:			
I would like to change my:		<input type="checkbox"/> Contact Address <input type="checkbox"/> Phone <input type="checkbox"/> Email	
OLD		NEW	
Contact Address: <i>(Include Building Number, Street Name, Apartment/Suite/Other; City, State, ZIP Code)</i>		Contact Address: <i>(Include Building Number, Street Name, Apartment/Suite/Other; City, State, ZIP Code)</i>	
Phone 1 (Primary):		Phone 1 (Primary):	
Phone 2 (Alternate):		Phone 2 (Alternate):	
Email:		Email:	

A DCA representative will date stamp this form and return a copy to you.

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

 Signature

 Print Name

 Date

Updated 10/18/2016



New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere.

Send or deliver this form

Fill out the form below and send it to your county's address on the back of this form, or take this form to the office of your County Board of Elections.

Mail or deliver this form at least 25 days before the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

! It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

9 **1** Are you a citizen of the U.S.? Yes No
If you answer *No*, you cannot register to vote.

2 Will you be 18 years of age or older on or before election day? Yes No
If you answer *No*, you cannot register to vote unless you will be 18 by the end of the year.

For board use only

Your name

3 Last name _____ Suffix _____
First name _____ Middle Initial _____

More information
Items 6 & 7 are optional

4 Birth date / / **5** Sex M F
6 Phone **7** Email

The address where you live

8 Address (not P.O. box) _____
Apt. Number _____ Zip code
City/Town/Village _____
New York State County _____

The address where you receive mail
Skip if same as above

9 Address or P.O. box _____
P.O. Box _____ Zip code
City/Town/Village _____

Voting history

10 Have you voted before? Yes No **11** What year?

Voting information that has changed
Skip if this has not changed or you have not voted before

12 Your name was _____
Your address was _____
Your previous state or New York State County was _____

Identification
You must make 1 selection
For questions, please refer to *Verifying your identity* above.

13 New York State DMV number
 Last four digits of your Social Security number x x x - x x -
 I do not have a New York State driver's license or a Social Security number.

Political party
You must make 1 selection

Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

14 **I wish to enroll in a political party**

- Democratic party
- Republican party
- Conservative party
- Green party
- Working Families party
- Independence party
- Women's Equality party
- Reform party
- Other _____

I do not wish to enroll in a political party

- No party

! **Affidavit: I swear or affirm that**

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

16

Sign

Date

Optional questions

15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

Rev. 04/2015

MOISTEN AND SEAL



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK NY

POSTAGE WILL BE PAID BY ADDRESSEE

BOARD OF ELECTIONS
32 BROADWAY FL 7
NEW YORK NY 10275-0067



Board of Elections Borough Offices



General Office
32 Broadway, 7 Fl
New York, NY 10004-1609
Tel: 1.212.487.5300 / 1.212.487.5400
Phone Bank: 1.866.VOTE.NYC
E-mail: electioninfo@boe.nyc.nyc.us
Web Page: www.vote.nyc.nyc.us

Staten Island
1 Edgewater Plaza, 4 Fl
Staten Island, NY 10305
Tel: 1.718.876.0079

Brooklyn
345 Adams Street, 4 Fl
Brooklyn, NY 11201
Tel: 1.718.797.8800

Queens
126-06 Queens Boulevard
Kew Gardens, NY 11415
Tel: 1.718.730.6730

Manhattan
200 Varick Street, 10 Fl
New York, NY 10014
Tel: 1.212.886.2100

Bronx
1780 Grand Concourse, 5 Fl
Bronx, NY 10457
Tel: 1.718.299.9017

(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) *Donate Life™* Registry online at www.nyhealth.gov or provide your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.



Last name _____

First name _____

Middle Initial Suffix _____

Address _____

Apt. Number _____ Zip code _____

City _____

Birth date /

Sex M F

Eye color _____

Height _____ Ft. _____ In.

By signing below, you certify that you are:

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign

Date