

DEPARTMENT OF CONSUMER AND WORKER PROTECTION (DCWP) LICENSING CENTER

42 Broadway, Lobby New York, NY 10004

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m. Last appointment: 3:30 p.m.

NYC SMALL BUSINESS SUPPORT CENTER

90-27 Sutphin Blvd, 4th Floor Jamaica, NY 11435

By Appointment Only Hours:

Monday-Thursday: 8 a.m. – 4 p.m. Last appointment: 3:30 p.m.

General Vendor Distributor Roster of Goods

Legal Name of Applicant:		
Trade or Doing-Business-As (DBA) Name, if applicable:		
Applicant Home Address:		
Legal Name of Owner of Goods (if different than Applicant):		
Home Address of Owner of Goods (if different than Applicant):		
Business Address of Owner of Goods (if different than Applicant):		s
Please list below the type of goods or services your business will deliver. Attach additional papers as necessary.		
Item	Type of Goods or Service	s
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Applicant Signature		Print Name
Print Title/Position (if any)		Date