



42 Broadway
Lobby
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dca

GENERAL VENDOR DISTRIBUTOR ROSTER OF GOODS

Legal Name of Applicant:	
Trade or Doing-Business-As (DBA) Name, if applicable:	
Applicant Business Address:	
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):	

Please list below the type of goods or services your business will deliver. Attach additional papers as necessary.

Item	Type of Goods or Services
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Applicant Signature

Print Name

Print Title (if any)

Date