



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

GENERAL VENDOR QUESTIONNAIRE

PART ONE

License Applicant Name:	
Additional Names Used (if any):	
Current Home Address:	
Height (<i>feet and inches</i>):	
Weight (pounds):	
Eye Color:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

PART TWO

Please select the statement that describes you:

- I am an honorably discharged veteran and I reside in New York State.
- I am an honorably discharged veteran with a service-related disability and I reside in New York State.
- I am the surviving spouse or domestic partner of an honorably discharged veteran and I reside in New York State.
- I have been contacted by DCA to submit an application for a General Vendor license. My waiting list number is _____.

Note: If none of the above statements apply to you, please call 311 and ask to be transferred to DCA with a question about your General Vendor license application.



PART THREE

Please describe the type of merchandise you plan to sell.

Please provide information on the suppliers from whom you plan to buy merchandise. Attach additional papers as necessary.

Name	Address	Telephone Number	Type of Merchandise

I agree to notify the Department of Consumer Affairs immediately of any change in my home address. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Date