

LIC50: AUTHORIZATION FOR SERVICE OF PROCESS by AGENT

Must be typewritten

LICENSEE INFORMATION (Must fill	-ın alı boxes)	
1) Last Name	2) First Name	3) Middle Initial
A) License True	5) License	Number
4) License Type	5) License	Number
6) Associated Business Name	7) Title at Bus	iness
O) Linear FMAIL Address		
8) Licensee EMAIL Address		
NAMED AGENT INFORMATION (N	ow Vork City address ONI V. DO Boyes	are not accented)
1) Last Name	2) First Name	3) Middle Initial
Ty East Name	z) i not name	o) initial
4) Street Address		5) Apt./Bldg. #
0) 0)	5 \ 0.4	0) 7: 0
6) City	7) State	8) Zip Code
9) Agent EMAIL Address		
corporate entity. I hereby agree that the above Named	to make decisions on behalf of the above d Agent* may accept service of Notices of Notices (DOB). I also agree that service to this A	/iolation (NOV)/Summonses issued by the
deemed to be valid service of the N OATH Hearings Division and other ap defect with respect to service for any	OVs/Summonses under New York City Chapplicable laws to allow for the docketing of j NOVs/Summonses received from DOB at the Environmental Control Board itself, or in	arter 1049-a, section 6-08 of the rules of udgments. I further agree not to raise any the address above, in any forum, including
	, acknowledge that failure to design	ate an agent in New York City (NYC) or
	ervice, constitutes a waiver of any challenge	
NAME (print)	NOTARIZATION	NOTARY SEAL
	State of New York, County of:	
	State of New York, County of.	
SIGNATURE	Sworn to (or affirmed) before me under penalty of perjury this	
	day of	
	20	
		_
DATE	NOTARY SIGNATURE	