



42 Broadway  
New York, NY 10004

nyc.gov/dcwp

## General Vendor/Specialized Vending Non-NYC Resident Form

Complete this form if you are NOT a resident of New York City AND:

- You are applying for a General Vendor license. OR
- You are a Mobile Food Vending licensee applying for a Specialized Vending license.

<b>License Applicant Name:</b>	
<b>Additional Names Used (if any):</b>	
<b>Current Home Address:</b>	

You must provide below the name and address of someone who is a New York City resident upon whom process or other notification may be served. Note that you may designate the Commissioner of the Department of Consumer and Worker Protection for this purpose. Please check one of the boxes below.

I designate the following person upon whom process or other notification may be served:

<b>Name:</b>	
<b>Address:</b>	

I would like to designate the Commissioner of the Department of Consumer and Worker Protection as my agent upon whom process or other notification may be served.

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Full Name*

\_\_\_\_\_  
*Date*