

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:

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

Request to Hold Newsstand License as a Business Entity

I,	, request to hold a Newsstand license
(your name)	
in the name of my Business,	
(your Corporation, Parti	nership, or Limited Liability Company, LLC)
I affirm that I am the	of the Business.
(enter your title)	
I have authority to submit this application and sign this a	ffirmation on behalf of the Business.
In addition to this completed form, I submit the following	to support my request:
Basic License Application (listing my Business), a	
 Documents showing formation of corporation/par Chart of corporate officers, directors, shareholder the Business (see Page 2) 	tnership/LLC rs, partners, principals, members, and/or managers of
Complete this section if you are a currer (individual or sole proprietor):	nt Newsstand licensee
I understand that DCWP must approve this change bef of my Business.	ore my Newsstand license is converted to the name
I understand that the Business will still be liable for any conversion.	violations or penalties issued to me prior to the
I understand that the Business will still be liable for any applicable.	outstanding payments owed to JCDecaux, if
My current Newsstand license number is(DCWP licen	nse number)
I currently:	
☐ Hold a Tobacco Retail Dealer and/or Electronic☐ Do NOT hold a Tobacco Retail Dealer or Electronic	9
	Continued on Page 2 >



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If I currently hold a Tobacco Retail Dealer and/or Electronic Cigarette Retail Dealer license at the newsstand, I will <i>(select one)</i> :
 Convert my Newsstand license to the same corporation, partnership, or LLC that currently holds my Tobacco Retail Dealer and/or Electronic Cigarette Retail Dealer license. Convert my Tobacco Retail Dealer and/or Electronic Cigarette Retail Dealer license from my name as an individual or sole proprietor to my Business name within 30 days from when I receive my new Newsstand license in the name of my Business. Leave my Tobacco Retail Dealer and/or Electronic Cigarette Retail Dealer license in my name as an individual or sole proprietor.

Chart of Corporate Officers, Directors, Shareholders, Partners, Principals, Members, and/or Managers of the Business

Please list ALL corporate officers, directors, shareholders, partners, principals, members, and/or managers of the Business (attach additional pages as needed):

	1				1
Name	Title	Percent (%) Ownership (if applicable)	Individuals: Enter birth date and, if individual is a general partner, enter Social Security number or Individual Taxpayer Identification Number If Owned in Whole or Part by Another Business: Enter Employer Identification Number	Individuals: Enter Home Address Other Business: Enter Mailing Address	Email



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Name	Title	Percent (%) Ownership (if applicable)	Individuals: Enter birth date and, if individual is a general partner, enter Social Security number or Individual Taxpayer Identification Number If Owned in Whole or Part by Another Business: Enter Employer Identification Number	Individuals: Enter Home Address Other Business: Enter Mailing Address	Email
Signature			Print Name Print Title/Positio		-