



DEPARTMENT OF CONSUMER AND  
WORKER PROTECTION (DCWP)  
LICENSING CENTER  
42 Broadway, Lobby  
New York, NY 10004

NYC SMALL BUSINESS  
SUPPORT CENTER  
90-27 Sutphin Blvd, 4th Floor  
Jamaica, NY 11435

**By Appointment Only Hours:**

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

**By Appointment Only Hours:**

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

## Ticket Seller Individual – Roster of Ticket Sources

<b>Ticket Seller Individual's Name:</b> <i>(Name of New or Renewal License Applicant)</i>	
<b>Ticket Seller Individual's DCWP License Number</b> <i>(if applicable):</i>	

**Please select the statement that describes you:**

- I do not currently sell tickets on behalf of any person or business.
- I sell/plan to sell tickets on behalf of the persons and/or businesses listed below.

Attach additional papers as necessary.

Name of Each Person or Business for Whom You Sell or Intend to Sell Tickets	Address

**IMPORTANT REQUIREMENT ABOUT UPDATING INFORMATION:**

If any information on this Roster changes, you must submit a new Roster to DCWP within 10 days of the change. Submit the form by:

- Fax to (718) 935-6485 OR
- Email to [onlineappsdocs@dcwp.nyc.gov](mailto:onlineappsdocs@dcwp.nyc.gov)

I understand that a false statement on this form is punishable by a fine or imprisonment or both.

\_\_\_\_\_  
*Signature of License Applicant*

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

\_\_\_\_\_  
*Print Title/Position (if any)*

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