

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:

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

General Vendor Distributor Roster of Goods

| Legal Name of Applicant: | | |
|--|--------------------------|------------|
| Trade or Doing-Business-As (DBA) Name, if applicable: | | |
| Applicant Home Address: | | |
| Legal Name of Owner of Goods (if different than Applicant): | | |
| Home Address of Owner of Goods (if different than Applicant): | | |
| Business Address of Owner of Goods (if different than Applicant): | | s |
| Please list below the type of goods or services your business will deliver. Attach additional papers as necessary. | | |
| Item | Type of Goods or Service | s |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| Applicant Signature | | Print Name |
| Print Title/Position (if any) | | Date |