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 Vehicles

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Name of General Vendor Distributor
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License Applicant:

Application Type:
(Check one box.)

By Appointment Only Hours:
Monday-Thursday: 8 a.m. - 4 p.m. Last appointment: 3:30 p.m.

| Name of General Vendor Distributor <br> License Applicant: |  |
| :--- | :--- |
| Application Type: <br> (Check one box.) | $\square$ New <br> $\square$ Renewal |

Please enter below information for each motor vehicle your business will operate. You must submit a current New York State Commercial Truck Registration for each vehicle listed OR a copy of the lease agreement if trucks are leased. Attach additional papers as necessary.

| Vehicle | DMV License Plate <br> Number | Vehicle Identification Number <br> (VIN) | State of <br> Registration |
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