



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

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# Ticket Seller Business Non-NYC Resident Form

Complete this form if your business address is NOT in New York City.

<b>License Applicant Name:</b>	
<b>Additional Names Used</b> <i>(if any):</i>	
<b>Business Premise Address:</b>	

You must provide below the name and address of someone who resides in New York City and can accept service of legal documents on your behalf. 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:

Name:	
Address:	

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

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

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

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

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