

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.

## **Ticket Seller Business – Roster of Ticket Sources**

Ticket Seller Business: (Name of New or Renewal License Applicant)			
Ticket Seller Business DCWP License Number: (if applicable)			
List below the names and addresses o	of any individual	or company from whom y	ou receive tickets.
Attach additional papers as necessary.			
Name of Person or Business		Address	
IMPORTANT REQUIREMENT ABOU	T UPDATING II	NFORMATION:	
If any information on this Roster chang change. Submit the form by:	ges, you must si	ubmit a new Roster to DC	WP within 10 days of the
<ul><li>Fax to (718) 935-6485 OR</li><li>Email to onlineappsdocs@dcwj</li></ul>	p.nyc.gov		
I understand that a false statement on	this form is pun	ishable by a fine or impris	onment or both.
Signature of License Applicant	Print Full Name		
Print Title/Position (if any)	 Date		