



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.

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# General Vendor Distributor Non-NYC Resident Form

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

<b>License Applicant Name:</b>	
<b>Business Premise Address:</b>	

You must provide below the name and address of someone who is a New York City resident upon whom process or other notification may be served. Note that you may designate the Commissioner of the Department of Consumer and Worker Protection for this purpose. Please check one of the boxes below.

My registered agent upon whom process or other notification may be served is:

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.

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

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

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

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