



## General Vendor/Specialized Vending Questionnaire

You must complete this form if:

1. You are applying for a General Vendor license.
2. You are a General Vendor licensee applying for a Specialized Vending license.
3. You are a Mobile Food Vending licensee applying for a Specialized Vending license.

### PART ONE – All Applicants

|                                    |  |
|------------------------------------|--|
| License Applicant Name:            |  |
| Additional Names Used (if any):    |  |
| Current Home Address:              |  |
| Height ( <i>feet and inches</i> ): |  |
| Weight ( <i>pounds</i> ):          |  |
| Eye Color:                         |  |

### PART TWO – All Applicants

Please select the statement that describes you:

- ☐ I am an honorably discharged veteran and I reside in New York State.
- ☐ I am a discharged veteran with a qualifying condition, including a diagnosis of post-traumatic stress disorder, traumatic brain injury, or military sexual trauma, as defined in section 350 of the Executive Law; I received a discharge other than bad conduct or dishonorable from service; and I reside in New York State.
- ☐ I am a discharged LGBT veteran, who was discharged less than honorably from military or naval service due to sexual orientation or gender identity or expression, as defined in section 350 of the Executive Law; I received a discharge other than bad conduct or dishonorable from service; and I reside in New York State.
- ☐ I am the surviving spouse or surviving domestic partner of an honorably discharged veteran, or a discharged veteran with a qualifying condition as stated above, or a discharged LGBT veteran as stated above, and I reside in New York State.
- ☐ I have been contacted by DCWP to submit an application for a General Vendor license. My waiting list number is \_\_\_\_\_.



## Consumer and Worker Protection

- ☐ I am eligible for a license transfer. I have completed the “General Vendor/Specialized Vending License Transfer Application and Self-Certification” and submitted the form to DCWP.

*Note:* If none of these statements apply to you, please contact DCWP in one of the following ways:

- Email [HIC-GVUnit@dcwp.nyc.gov](mailto:HIC-GVUnit@dcwp.nyc.gov) OR
- Call (212) 487-4075.

### **PART THREE – Specialized Vending Applicants Only**

**You must complete this section if you are applying for a Citywide Specialized vending license (Yellow) or Midtown Core Zone vending license (Blue).**

*If you apply for a Specialized Vending license, you will be automatically placed on the waiting list for a Blue license. You do not need to submit a separate application.*

Are you a veteran with a service-related disability who resides in New York State?

- ☐ Yes  
☐ No

### **PART FOUR – General Vendor Applicants Only**

If you are applying for a General Vendor license, please describe the type of merchandise you plan to sell.

*If you are a Mobile Food Vending licensee applying for a Specialized Vending license, you do not need to complete this section.*



Please provide information on the suppliers from whom you plan to buy merchandise. Attach additional papers as necessary.

| Name | Address | Telephone Number | Type of Merchandise |
|------|---------|------------------|---------------------|
|      |         |                  |                     |
|      |         |                  |                     |
|      |         |                  |                     |
|      |         |                  |                     |

I agree to notify the Department of Consumer and Worker Protection immediately of any change in my home address. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

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

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

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

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

03/20/2024