



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dca

REQUEST FOR AUTHORIZATION TO USE A GENERAL VENDOR HELPER

You can request to use helpers to operate your business if you have a “disability” that impairs your ability to operate your general vending business, as described in Section 2-318 of Title 6 of the Rules of the City of New York.

Definitions:

Disability: a physical or mental impairment that substantially limits one or more **major life activities** or **major bodily functions** and that permanently or temporarily impairs an individual's ability to operate a general vending business.

Major life activities: include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions: include functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Applicant Name:	
License Number (if applicable):	
Home Address:	

I certify the following:

1. Please select the statement that describes you (check one box):

☐ I am a new applicant.
☐ I am a current licensee.
2. I have a disability that impairs my ability to operate my general vending business and have attached the Certification of Licensed Health Care Professional confirming this disability.



3. My disability is (check one box):

- ☐ Permanent
☐ Temporary

If your disability is temporary, DCA may require you to submit supplemental medical reports or certifications to verify the continued existence of your disability.

Important: You must be physically present in order for your helpers to operate your general vending business. If you will be temporarily absent from your vending display, you must cover the vending display so that customers know that your display is closed for business. You may receive a violation for unlicensed activity if a helper is at your uncovered vending display while you are not at the display.

I understand that DCA has not yet considered this request. I will not use helpers until I receive authorization from DCA. This certification shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both, and may result in the denial of my request or, if granted, revocation of DCA's authorization to use helpers. By signing below, I certify that the statements above are true and correct.

Signature

Print Name

Date