



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 Individual Non-NYC Resident Form

Complete this form if you do NOT reside in New York City.

License Applicant Name:	
Additional Names Used: (if any)	
Current Home Address:	

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