

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 – Roster of Ticket Sources

Ticket Seller Individual's Name: (Name of New or Renewal License Applicant)		
Ticket Seller Individual's DCWP License Number: (if applicable)		
Please select the statement that des	scribes you:	
☐ I do not currently sell tickets on	behalf of any p	erson or business.
I sell/plan to sell tickets on beha	alf of the persor	ns and/or businesses listed below.
Attach additional papers as necessary.		
Name of Each Person or Business for Whom You Sell or Intend to Sell Tickets		Address
IMPORTANT REQUIREMENT ABOU	T UPDATING II	NFORMATION:
If any information on this Roster chang change. Submit the form by:	ies, you must si	ubmit a new Roster to DCWP within 10 days of the
<ul><li>Fax to (718) 935-6485 OR</li><li>Email to onlineappsdocs@dcwg</li></ul>	o.nyc.gov	
I understand that a false statement on	this form is pun	ishable by a fine or imprisonment or both.
Signature of License Applicant	Print Full Name	
Print Title/Position (if any)	Date Date	