

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 Business – Roster of Ticket Sources**

Ticket Seller Business:			
(Name of New or Renewal			
License Applicant)			
Ticket Seller Business DCWP License Number: (if applicable)			
List below the names and addresses of	any individual	or company from whom	you receive tickets.
Attach additional papers as necessary.			
Name of Person or Business		Address	
IMPORTANT REQUIREMENT ABOUT	UPDATING II	NFORMATION:	
If any information on this Roster change change. Submit the form by:	es, you must s	ubmit a new Roster to D0	CWP within 10 days of the
• Fax to (718) 935-6485 OR			
Email to <u>onlineappsdocs@dcwp.</u>	.nyc.gov		
I understand that a false statement on the	his form is pur	ishable by a fine or impri	sonment or both.
Signature of License Applicant	Print Full Name		
Print Title/Position (if any)	Date		