



42 Broadway  
5th Floor  
New York, NY 10004

Dial 311  
(212-NEW-YORK)

[nyc.gov/consumers](http://nyc.gov/consumers)

## GENERAL VENDOR QUESTIONNAIRE

### PART ONE

License Applicant Name:	
Additional Names Used (if any):	
Current Home Address:	
Height ( <i>feet and inches</i> ):	Weight (pounds):
Eye Color:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### PART TWO

Please select the statement that describes you:

- ☐ I am an honorably discharged veteran and I reside in New York State.
- ☐ I am an honorably discharged veteran with a service-related physical disability and I reside in New York State.
- ☐ I am the surviving spouse or domestic partner of an honorably discharged veteran and I reside in New York State.
- ☐ I have been contacted by DCA to submit an application for a General Vendor license. My waiting list number is \_\_\_\_\_.

**Note:** If none of the above statements apply to you, please call 311 and ask to be transferred to DCA with a question about your General Vendor license application.



### PART THREE

Please describe the type of merchandise you plan to sell.

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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 Affairs 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*

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