



42 Broadway
5th Floor
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

GENERAL VENDOR RESIDENCE FORM

License Applicant Name:
Additional Names Used (if any):
Date of Birth:
Place of Birth:
Current Home Address:

Please list where you have lived for the past 10 years. Attach additional papers as necessary.

Address	Dates Lived at Address (Month/Year)
	to
	to
	to
	to

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Date