



Authorized Representative Form

[For restaurant to complete]

(restat	urant name) affirms	(individual name) on behalf of the following:	
`	,	(title) of	(restaurant
2.		(full name of representative's business	
	(street address, borough, state, zip code) and whose telephone number is (area code and number) and email address is (email address) to represent me in regards to the preparation and submission of an application for a license and revocable consent for a sidewalk or		
3.	roadway café issued by the New York City Department of Transportation ("NYC DOT"). I understand that I will be legally bound by the representations made in said application and will be held responsible by NYC DOT for any inaccuracies or misrepresentations.		
4.	I understand that I may revoke this authorization and I am responsible for notifying NYC DOT of such revocation by calling or emailing NYC DOT at 212-839-4500 or at DiningOutNYC@dot.nyc.gov.		
Signat	ture of License Appl	leant Print N	Jame
Date		 Print T	Title / Position (if any)