



Animal Care & Handling Facility Permit

New York City Department of Health and Mental Hygiene (DOHMH)

The Application Process

1. Read the attached ***Animal Care & Handling Facility Permit Fact Sheet*** to determine the type of permit to apply for and the fee. The fee will depend on the time of year you apply.
2. Review the ***Checklist for a New Permit Application*** to determine the documentation you must submit with your application.
3. Complete the ***Application for Permit*** form.
4. Bring the completed application form and required documentation to the Citywide Licensing Center at 42 Broadway, Manhattan, lobby – between 9 am – 5 pm, Monday – Friday.
5. If you send someone on your behalf, you must also submit a ***Uniform Granting Authority to Act Affirmation*** form (Power of Attorney). Such form is only good for 90 days from the date signed. The person presenting the form must also present their photo ID. An acceptable sample form is enclosed.
6. Payment accepted at the Citywide Licensing Center: Check (payable to NYC DOHMH), Money Order (payable to NYC DOHMH), debit cards and credit cards. No cash or starter checks accepted. There is a service fee of 2.49% added to transactions using a debit or credit card.
7. All animal facilities permitted by the DOHMH must have a supervising manager who has passed an ***Animal Care & Handling Class*** and received a certificate. The fee for the class is \$39. For information on registering and types of payment accepted, go to www.nyc.gov/healthacademy.
8. When applying in person for both the permit and the class, separate payments for each are required if paying by check or money order.
9. You may save time by applying for this permit online. Go to www.nyc.gov/healthpermits, select the type of permit for which you are applying and follow the directions in the Apply tab. Payment accepted online: debit and credit cards only. There is a service fee of 2.49% added to these transactions.
10. Please contact the DOHMH Bureau of Veterinary Public Health Services at (646) 632-6604 to schedule an inspection of your facility after you submit your application and as soon as you believe the establishment could be operational. Your business will not be issued a permit without passing a pre-permit inspection.
11. Please note that your business may not begin to operate until it has received and passed a pre-permit inspection from the DOHMH and the supervising manager has received the Animal Care & Handling Certificate.
12. All applicants should read the applicable NYC Health Code to understand and learn the requirements for operating with this type of permit. Go to www.nyc.gov/healthcode and select Article 161.



Animal Care & Handling Facility Permit Fact Sheet

Definitions:

Pet Shop: a facility other than an animal shelter where live animal are sold, exchanged, bartered, or offered for sale as pets to the general public at retail for profit.

Training Establishment: a facility where small animals, whether or not belonging to the owner or employee of such facility, are trained for any purpose in return for a fee.

Boarding Kennel: a facility other than an animal shelter where animals not owned by the proprietor are sheltered, harbored, maintained, groomed, exercised, fed, or watered in return for a fee.

Grooming Parlor or Salon: a facility where animals are presented by their owners for bathing, dipping, clipping, combing, or cleaning for the purpose of improvement of the animal's appearance and or well-being in return for a fee, and establishments which provide facilities for owners to groom their own pets. Fee depends on whether animals are kept overnight.

Animal Shelter: where homeless, lost, stray, abandoned, seized, surrendered or unwanted animals are received, harbored, maintained and made available for adoption to the general public, redemption by their owners or other lawful disposition, and which is owned, operated, or maintained by a duly incorporated humane society, animal welfare society, society for the prevention of cruelty to animals, or other organization devoted to the welfare, protection or humane treatment of animals. Proof of 501c3 status must be submitted.

Fee Table:

Name of Permit	Term of Permit	Expiration Date	Fee if applying between Jan 1 - Jun 30	Fee if applying between Jul 1 - Dec 31
Pet Shop	1 Year	December 31	\$70	\$35
Training Establishment	1 Year	December 31	\$70	\$35
Boarding Establishment	1 Year	December 31	\$70	\$35
Grooming Parlor or Salon (animals kept overnight)	1 Year	December 31	\$70	\$35
Grooming Parlor or Salon (animals not kept overnight)	1 Year	December 31	\$30	\$15
Animal Shelter	N/A - unless revoked	N/A	N/A	N/A



Checklist for a New Permit Application

(Not applicable to renewals, food carts, or temporary food service establishments)

Note: Check individual permit guidelines for additional permit-specific required documentation)

Items Needed <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application <ul style="list-style-type: none"> All applicable sections completed Permit-specific Supplemental Form(s) if applicable Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
Permit Fee <ul style="list-style-type: none"> See list of permit fees Credit card, money order or check payable to "DOHMH" Not-for-profits: no fee if proof of status is submitted (see below) 	✓	✓	✓
Proof of Home Address (one of the following) <ul style="list-style-type: none"> Valid U.S. driver's license or U.S. non-driver ID Current lease or mortgage statement Utility bill, bank or credit card statement dated within the last 90 days "Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name 	✓	✓ (needed for partnership of individuals only)	
Photo Identification One government-issued ID with photo, such as: <ul style="list-style-type: none"> U.S. Driver's license or non-driver ID Alien Registration Card or Naturalization Certificate U.S. or foreign passport IDNYC 	✓	✓	✓
Proof of Sales Tax Collecting Authority <ul style="list-style-type: none"> Valid original NYS Certificate of Sales Tax Authority <i>Obtain at http://www.tax.ny.gov. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i>	✓	✓	✓
Proof of Incorporation <ul style="list-style-type: none"> Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State. <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i>		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage <ul style="list-style-type: none"> Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is <i>NOT</i> required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See http://www.wcb.ny.gov. List DOHMH as the certificate holder (not the policy holder) 	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> <u>Certified</u> check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card 	✓	✓	✓
Proof of Not-for-Profit Status (if applicable)* <ul style="list-style-type: none"> Letter from the IRS stating not-for-profit status* 		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) <ul style="list-style-type: none"> If someone else will turn in the application for you 	✓	✓	✓



Instructions for Completing a Permit Application Form

Complete all sections of the application. If completing it by hand, please use ink and print in capital letters.

*Any form with alterations, corrections, whiteout, etc., will not be accepted.
The name of the applicant must be the same on all supporting documentation submitted.*

1. License or Permit Name

- Enter the name of the permit or license you want to obtain. Example: Pet Shop –Sells Dogs or Cats

2. Section A

- Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled "Trade Name/DBA"
- Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment's telephone and the email address (required). All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

3. Section B

- Enter the date you expect to start operating.

4. Section C

- Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN . If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

5. Section D

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

6. Section E

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

7. Section F

- All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof. Information about this is available at www.wcb.ny.gov.

8. Signature

- Sign the application.
 - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.
 - *Note: applicants must be older than 18 years of age.*

New York City Health Code, Section 3.19 states:

No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department.

Fulfilling requirements of other New York City agencies

Applying for a New York City Department of Health and Mental Hygiene permit does not satisfy the regulatory requirements of other city and state agencies. It is your responsibility to apply for all other permits, licenses, and authorizations as required by other city and state agencies. The issuance of a New York City Department of Health and Mental Hygiene permit does not grant permission to use or occupy the permitted premises. Pursuant to New York City Charter Section 645, no premises may be used or occupied until a certificate of occupancy has been issued by the New York City Commissioner of Buildings.

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE

SECTION F

ALL APPLICANTS (EXCEPT THOSE APPLICANTS FOR A MOBILE FOOD VENDING LICENSE, TATTOO LICENCE OR A HORSE LICENSE) MUST COMPLETE THIS SECTION REQUESTING WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE IF IT IS REQUIRED.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF IF YOU ARE REQUIRED TO HAVE THIS INSURANCE.

Please check the appropriate box:

The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.) SIGN HERE ➤	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	

ARE YOU REGISTERED TO VOTE?
 If not, you may request a Voter Registration form when you submit your application, or you can access www.nycceb.info/register tovot e online.



New York City Licensing Center
 42 Broadway, New York, New York 10004
 Telephone: 311

Affidavit of Home Address

This form is to be completed only by the person with whom you (the applicant) live. It should also be signed by you where indicated. You must bring this form *with* a recent utility bill or lease in the name of that individual.

(Please type or print legibly)

TO: **Citywide Licensing Center**
 42 Broadway
 New York, NY 10004

(Enter name of the person with whom the applicant lives - must be the same as on the utility bill or lease)

residing at _____
(Street Address, Borough, State and Zip code)

states that: _____
(Enter name of the person applying for permit/license)

is my _____ and lives with me at the above address.
(Relationship to applicant, e.g., wife, husband, sister, brother, mother, father, son, daughter, aunt, uncle, cousin, friend)

_____ SIGNATURE <i>(Note: This name must match the name on the accompanying utility bill or lease.)</i>	_____ PRINT NAME <i>(Note: This name must match the name on the accompanying utility bill or lease)</i>
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

I _____ attest to the truth of the above information.
Print name of applicant

 *
 SIGNATURE OF APPLICANT

* Please note that submitting false or misleading information is a violation of Section 3.19 of the New York City Health Code and may be prosecuted civilly or criminally as a misdemeanor. It may also result in the revocation of any license or permit issued.



New York City Licensing Center
42 Broadway, New York, New York 10004
Telephone: 311

Uniform Granting Authority to Act Affirmation

_____ affirms the truth of the following:
(Applicant Name)

1. I am the _____ of _____
(State relationship to business) (Name of business as it appears on the Certificate of Partnership and/or Business)

which is located at _____ and
(Street Address, Borough, State, and Zip Code)

whose telephone number and email address are _____ and _____
(Area code & Number) (Email address)

2. I hereby authorize _____ of _____
(Full name of designated representative) (Full name of representative's business)

who maintains an office/resides at _____
(Street Address, Borough, State, and Zip Code)

and whose telephone number and email address are _____ and
(Area code & Number)

_____ to represent me before the license, permit, or certificate issuing
(Email address)

Agency in regard to the preparation and submission of my application for a license/permit

_____.
(License/Permit/Certificate Category)

3. I understand that I will be legally bound by the representations made in said applications and will be held responsible by the license, permit, or certificate issuing Agency for any inaccuracies or misrepresentations.

4. I understand that I may revoke/withdraw the Authority to Act being submitted in connection with this application for a license, permit, or certificate in person by appearing at the Citywide Licensing Center prior to the date of the submission of the permit (license) application and informing the Director of the Citywide Licensing Center of this decision (The office of the Citywide Licensing Center is located at 42 Broadway, New York, NY 10004). I also understand that in the alternative I may notify the Citywide Licensing Center in writing of the revocation/withdrawal of this authority to act on my act.

SIGNATURE

PRINT NAME

Date: _____