



NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE- BUREAU OF CHILD CARE

AFFIDAVIT FOR PERMIT APPLICATION

I have read the New York City Health Code regulations pertaining to child care and will comply with all regulations pertaining to child care and will comply with all requirements if issued a permit.

- A) I understand that my child care service will be subject to inspection. I shall comply with the terms of the permit of the New York City Health Code and other applicable laws and regulations.
- B) I hereby certify that any statement made on this form or information given later on in the course of an investigation of my application will be true and correct to the best of my knowledge.

If the permittee or his/her employees or agents refuse to answer questions related to this permit application after being granted testimonial or use immunity, this permit may be revoked or other appropriate action may be taken.

PRINT NAME OF OWNER/OPERATOR/BOARD MEMBER

TITLE

SIGNATURE

DATE

BUILDING NO.

STREET

BOROUGH/CITY

STATE

ZIP CODE

Sworn to before me

This ____ day of _____

Notary Public