## STANDARD APPLICATION FOR NEW LICENSE OR PERMIT

(For detailed instructions and information about what is required to apply for this permit, please go to www.nyc.gov/healthpermits)



NAME OF LICENSE/PERMIT

APPLICATION DATE								
MONTH	YEAR							

FOR OFFICE USE										
CAMIS/RECORD NUMBER				LICENSE/PERMIT						
				TY	/PE	FEE CLASS/ SUBCLASS				
				н						
	EXPIRATI	ON DATE	FEE	DOLLARS		CENTS				
MO	DAY	YEAR		AMOUNT						
				•						

IMPORTANT: Please abbreviations are perr		-	• .		ow spaces k	petween comp	leted wo	rds or	r numb	ers. Star	ndard	!	
SECTION A - NAME,	ADDRESS AND	CONTACT	INFORMATIO	N OF ENTIT	Y TO WHICH	H LICENSE/PEF	RMIT IS T	ОВЕ	ISSUE	)			
READ CAREFULLY:	Enter the corpor		and location o	of business e	stablishmen	t. If not incorpo	rated, en	ter yo	ur name	e(s) and	locatio	on of	
NAME OF CORPORATIO	N, PARTNERSHIP,	PARTNERS	S OR INDIVIDUA	L OWNER (Las	st Name First)	TELEPHONE N	IUMBER						
						(AREA CODE)							
TRADE NAME/Doing Bus	siness As (DBA)					FAX NUMBER							
						(AREA CODE)							
BUILDING NUMBER	R STREET						PREMISES LOCATION ( FLOOR, STORE #, BOOTH #)						
CITY OR TOWN		STATE ZIP CODE E-MAIL ADDRESS (REQUIRED)					))						
DATE OF BIRTH		MONTH	DAY	YE	EAR	OPTIONAL							
(If applying as an individual)						GENDER:							
Language Preference prefer that this inspecti If "yes" that language is	on be conducted	If the permin, or trans	nit you are apply slated to, a lang	ying for requir luage other th	res an inspec an English?	tion by the Department of the	artment o	f Healt	th and M	1ental Hy	rgiene,	, do y	'ou
☐ I agree to receive all is any corresponden renewal notices; notices.	ce from the Depar	tment of H	lealth that requi	ires a respons	se by a date	certain. These in	clude, but						
☐ I would like to receive material, only by em						regulations, nev	vsletters, 1	fact sh	eets an	d other e	ducati	onal	
		0=1011-	10/0 01/ ==										
					_ SECURITY NUMBER   ITIN NUMBER (If no SSN and applying as an individual)								

CITYWIDE LICENSING CENTER - DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 42 BROADWAY, NEW YORK, NY 10004

SECTION D - MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT'S ADDRESS (INCLUDE APARTMENT #, PO BOX #)

YEAR

MONTH

DAY

STREET ADDRESS

CITY OR TOWN

ZIP CODE

STATE

S	ECTION	E - LIST NAMES (LAST, FIRST) OF OWNER - PART	NER – CC	RPORATE (	OFFICERS			
	NAME		PHONE I	NUMBER	E-MAIL ADDRESS		TITLE	
1	ADDRESS	STREET		CITY		STATE	ZIP CODE	
	NAME		PHONE I	NUMBER	E-MAIL ADDRESS		TITLE	- 1
2	ADDRESS	STREET		CITY		STATE	ZIP CODE	
3	NAME		PHONE NUMBER		E-MAIL ADDRESS	S TITLE		1 1
	ADDRESS	STREET	1	CITY		STATE	ZIP CODE	
	NAME		PHONE NUMBER		E-MAIL ADDRESS		TITLE	
4	ADDRESS	STREET		CITY		STATE	ZIP CODE	
5	SECTION	F						
(	COMPLET COPIES C	ICANTS (EXCEPT THOSE APPLICANTS FOR A MOE TE THIS SECTION REQUESTING WORKERS' COMPI OF PROOF OF CURRENT INSURANCE IF IT IS REQU PLICATION FOR A PERMIT WILL NOT BE ACCEPTE	ENSATION JIRED.	N AND DISAI	BILITY BENEFITS IN	ISURANCE INFO	RMATION AI	ND PROVIDE
		OF IF YOU ARE REQUIRED TO HAVE THIS INSURAL	NCE.					
	_	eck the appropriate box: siness described in this application has Workers' Col	mpopostic	on and Disah	sility Popofita Incura	acc ac identified	holow:	
		• • • • • • • • • • • • • • • • • • • •	·		•			
٧	Vorkers' (	Compensation Insurance Carrier:		Policy	/ #:	Exp	iration Date:_	
Disability Benefits Insurance Carrier: Policy #: Expiration Date:								
(	DR							
[ 		CE-200 was submitted to the Worker's Compensatio State-assigned Exemption Certificate Number is atta		stating such	coverage is not req	uired for this bus	siness and a	copy with the
C	Certificate	Number: Issuance	e Date:					
F	orm CE-2	200 attesting to an exemption of this requirement car	n be found	d at http://ww	ww.wcb.ny.gov			
		sons for an applicant to qualify for this exemption are emption and is not required to obtain Workers' Comp					e if your bus	iness qualifies
								T
t s	he Health statements Making a	g this application for a permit, I agree that I will comp a Code and other laws that apply to the permitted act is made in this application are true and complete. false statement is an offense punishable by fines, in inistrative Code § 10-154.)	tivity, and	that all the	TITLE			ARE YOU 18 YEARS OF AGE OR OVER?
SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER TELEPHONE NUMBER								
								☐ NO

## ARE YOU REGISTERED TO VOTE?

If not, you may request a Voter Registration form when you submit your application, or you can access www.nyccfb.info/nyc-votes online.