## 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	DAY	YEAR						

FOR OFFICE USE										
C	AMIS/RECC	ORD NUMBER		LICENSE/PERMIT						
			Т	YPE	FEE CLASS/ SUBCLASS					
			н							
	EXPIRATI	ON DATE	FEE	DOL	LARS	CENTS				
MO	DAY	YEAR	AMOUNT							
			<b>&gt;</b>							

IMPORTANT: Please abbreviations are perr		-	• ,		ow spaces k	petween compl	leted wo	rds or	numbe	ers. Star	ndard	'	
SECTION A - NAME,	ADDRESS AND	CONTACT	T INFORMATIC	ON OF ENTIT	Y TO WHICI	H LICENSE/PEF	RMIT IS T	ОВЕ	ISSUED	)			
READ CAREFULLY:	Enter the corpor		and location o	of business e	stablishmen	t. If not incorpo	rated, en	ter you	ur name	(s) and I	ocatio	on of	
NAME OF CORPORATIO	N, PARTNERSHIP,	PARTNER	S OR INDIVIDUA	AL OWNER (Las	st Name First)	TELEPHONE N	UMBER						
						(AREA CODE)							
TRADE NAME/Doing Bus	siness As (DBA)					FAX NUMBER							
						(AREA CODE)							
BUILDING NUMBER	ER STREET						PREMISES LOCATION ( FLOOR, STORE #, BOOTH #)						
CITY OR TOWN STATE ZIP CODE					ODE	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 appl slated to, a lang	lying for requir guage other th	res an inspec an English?	ction by the Depa No Yes	artment of s	f Healti	h and M	ental Hy	giene,	do y	ou
☐ I agree to receive all is any corresponden renewal notices; notices	ce from the Depar	tment of H	lealth that requ	ires a respons	se by a date	certain. These inc	clude, but						
☐ I would like to receive material, only by em						regulations, new	vsletters, f	fact sh	eets and	d other ed	ducati	onal	
OFOTION D. D. CT.	(DECTED   C=	OTION O	10/0 041 =0	TAY 15 "	000111					- "C			
					AL SECURITY NUMBER   ITIN NUMBER (If no SSN and applying as an individual)   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 NUMBER		E-MAIL ADDRESS	TITLE		
1	ADDRESS	STREET	I			STATE	ZIP CODE	
	NAME		PHONE NUMBER		E-MAIL ADDRESS		TITLE	- 1
2	ADDRESS	STREET	'	CITY		STATE	ZIP CODE	
	NAME		PHONE I	IONE NUMBER E-MAIL ADDRES		S TITLE		, ,
3	ADDRESS	STREET	CITY		CITY		ZIP CODE	
	NAME		PHONE !	NUMBER	E-MAIL ADDRESS	1	TITLE	
4	ADDRESS	STREET	-			STATE	ZIP CODE	
-	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.	I AND DISAI	BILITY BENEFITS IN	ISURANCE INFO	RMATION A	ND PROVIDE
		OF IF YOU ARE REQUIRED TO HAVE THIS INSURAL	NCE.					
	_	eck the appropriate box: siness described in this application has Workers' Col	mpensatio	n and Dieah	sility Ranafite Incura	nce as identified	helow:	
		• • • • • • • • • • • • • • • • • • • •	·		•			
٧	Vorkers' (	Compensation Insurance Carrier:		Policy	/ #:	Exp	iration Date:_	
	Disability I	Benefits Insurance Carrier:		Policy	/ #:	Ехр	iration Date:_	
(	DR							
_ _		CE-200 was submitted to the Worker's Compensatio State-assigned Exemption Certificate Number is atta		tating such	coverage is not req	uired for this bus	siness and a	copy with the
(	Certificate	Number: Issuance	e Date:					
F	orm CE-2	200 attesting to an exemption of this requirement car	n be found	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					ee 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 code and other laws that apply to the permitted act s made in this application are true and complete. false statement is an offense punishable by fines, in hinistrative Code § 10-154.)	tivity, and	that all the	TITLE			ARE YOU 18 YEARS OF AGE OR OVER?
		SIGNATURE OF BUSINESS OWNER, PARTNER, OR CO	ORPORATE	OFFICER	TELEPHONE NUMBI	ΞR		☐ YES

## 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.