Instructions for Applying for a Permit to Chemically Treat the Drinking Water Supply Within a Building from the Health Department

This permit is required for persons to engage in the business of chemically treating the drinking water supply within a building.

This permit doesn't apply to the chemical treatment of water used for swimming pools, air conditioning systems, industrial purposes generally, boilers used for heating, or any use which does not include the consumption of water by human beings.

Please note that chemicals can only be added to drinking water in a building by a licensed permittee or by a trained and qualified employee of a permittee. Chemicals can be added to drinking water only by means of a device which is approved the City Board of Standards and Appeals and meets all regulatory requirements, including sampling and analyzing the contents of the samples and records of the analysis of these samples shall be kept on file for at least two years.

Permit application fee: $495.00

Annual Renewal fee: $70.00

You may apply online or in person.

Apply On-Line

1. Go to www.nyc.gov/healthpermits, select the permit for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Document Checklist* below).
3. Create electronic versions of your supporting documents
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

Apply In Person

1. Obtain an application packet by:
   a. Calling 311 and asking for *Apply for a Bathing Establishment with a Pool* permit.
   b. Download application forms and instructions from www.nyc.gov/healthpermits.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Document Checklist* below).
3. Complete the Application for a Permit form and the Supplemental Forms.
4. Submit the Application form, Supplemental Forms, and all supporting documents, along with payment, to:
   DCA Licensing Center
   42 Broadway, 5th floor
   Manhattan
   Hours: M, Tu, Th, Fr: 9 am – 5 pm; We: 8:30 – 5 pm
5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

Read the following sections thoroughly.

Instructions for Applying for a Permit to Chemically Treat the Drinking Water Supply Within a Building from the Health Department

A. Important Information – *Read the Following Before You Apply for a Permit*

- Relevant Health Code Sections
  http://www.nyc.gov/html/doh/html/about/health-code.shtml
- Relevant New York State Department of Health Regulations
  http://www.health.ny.gov/environmental/water/drinking/regulations/

B. Supporting Documents - Application information that will be requested

1. For an individual, the applicant must have proof of a college degree in which chemistry, chemical engineering, or sanitary engineering was the major subject from a college or university approved by the Board of Regents of the University of the State of New York.
2. For an individual, the applicant must have proof of at least five years' experience in the chemistry of water or in closely related work.
3. For a corporation or partnership, one of the officers or partners must have provide the qualification required above and must supervise all operations involving the addition of chemicals to water on a full-time basis.
4. All applicants must comply with all requirements outlined in Section 141.07 of the NYC Health Code about the equipment used and the chemicals allowed, including sampling requirements to secure this permit.

NOTE: Submission of all of the documents required for permit approval at the time of application is not required for DOHMH to initiate its review of your application. If you have any questions about the documents and application requirements listed above, please contact the DOHMH Office of Public Health Engineering (PHE) at 347-396-6001.

Instructions for Applying for a Permit to Chemically Treat the Drinking Water Supply Within a Building from the Health Department

Instructions for Completing an Application Form

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."

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.

Complete all sections of the application. If completing it by hand, please use ink and write in CAPITAL LETTERS.

1. **License or Permit Name**
   - Enter the name of the permit or license you want to obtain. Example: Food Service Establishment
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, fax and the email address (if any). 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, <u>also</u> 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
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.*

Instructions for Applying for a Permit to Chemically Treat the Drinking Water Supply Within a Building from the Health Department

Checklist of Required Documentation for All New DOHMH Permit Applications (Check individual permit guidelines (see Instructions) for additional permit-specific required documentation).

Items Needed *Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.*	**Legal Business Structure**		
	Individual	Partnership	Corporation or LLC
Permit Application • All applicable sections completed • Supplemental Form(s) if applicable • Signed by applicant (example: owner, officer, director or shareholder)	✓	✓	✓
Permit Fee • 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) • Valid driver's license or 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: • Driver's license or non-driver ID • Alien Registration Card or Naturalization Certificate • U.S. or foreign passport	✓	✓	✓
Proof of Sales Tax Collecting Authority • Valid original NYS Certificate of Sales Tax Authority *Obtain at http://www.nys-opal.com. 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.*	✓	✓	✓
Proof of Incorporation • 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. *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.*		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage • Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is *NOT* 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) • Certified 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)* • Letter from the IRS stating not-for-profit status*		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) • If someone else will turn in the application for you	✓	✓	✓

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT

FOR OFFICE USE					
CAMIS/RECORD NUMBER			LICENSE/PERMIT		
			TYPE	FEE CLASS/ SUBCLASS	
			H		
EXPIRATION DATE			FEE AMOUNT	DOLLARS	CENTS
MO	DAY	YEAR			

APPLICATION DATE		
MONTH	DAY	YEAR

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

IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All section must be completed in ink.

SECTION A – NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED

READ CAREFULLY: *Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.*

NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER *(Last Name First)*				TELEPHONE NUMBER (AREA CODE)
TRADE NAME/Doing Business As (DBA)				FAX NUMBER (AREA CODE)
BUILDING NUMBER	STREET			PREMISES LOCATION (FLOOR, STORE #, BOOTH #)
CITY OR TOWN	STATE	ZIP CODE		E-MAIL ADDRESS (REQUIRED)
DATE OF BIRTH (If applying as an individual)	MONTH	DAY	YEAR	OPTIONAL GENDER: ☐ Male ☐ Female

Language Preference for Inspections: If the permit you are applying for requires an inspection by the Department of Health and Mental Hygiene, do you prefer that this inspection be conducted in, or translated to, a language other than English? ___ No ___ Yes
If "yes" that language is _____.

☐ I agree to receive all official notices from the Department of Health only by **email** at the **email** address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.

☐ I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by **email** at the **email** address provided in this application form.

SECTION B – DATE EXPECTED TO OPEN/START OPERATING			SECTION C – NYS SALES TAX ID#	SOCIAL SECURITY NUMBER (If applying as an individual)	ITIN NUMBER (If no SSN and applying as an individual)
MONTH	DAY	YEAR			
			—		

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

STREET ADDRESS		
CITY OR TOWN	STATE	ZIP CODE

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

(continued on next page)

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.)	TITLE	ARE YOU 18 YEARS OF AGE OR OVER?
SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER **SIGN HERE** ➤	TELEPHONE NUMBER	☐ YES ☐ 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/registertovote online.

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