



## **SMOKE-FREE AIR ACT APPLICATION FOR REGISTRATION AS A MEMBERSHIP ASSOCIATION**

Local Law 47 of 2002, which amended the New York City Smoke-Free Air Act (SFAA) provides that smoking may be permitted in membership associations in which all of the duties with respect to the operation of such association, including, but not limited to, the preparation and service of food and beverages, reception and secretarial work, and the security services of the membership association are performed by members of such membership association who do not receive compensation of any kind from the membership association or any other entity for the performance of such duties. **Local Law 47 requires that membership associations which meet the criteria and which wish to allow smoking by members, must register with the Department before smoking can be permitted.**

- “Membership association” means a not-for-profit entity, which has been created or organized for a charitable, philanthropic, educational, political, social or other similar purpose. See NYC Administrative Code §17-502 (ff).
- “Member” means a person who satisfies the requirements for membership in a membership association, and affirmatively accepts an invitation from such membership association to become a member. See NYC Administrative Code §17-502 (ee).
- Compensation means any money, gratuities, privileges or benefits received in return for work performed or services rendered.
- The registration, if issued, will allow smoking in the membership association submitting this application and only on the premises used by and under the control of the association. The registration is not transferable. It does not extend to any other person, association, organization or other entity that may own, lease or be authorized to use the same premises.
- Upon registration and renewal (every two years), the organization must continue to qualify as a membership association as defined in Administrative Code §17-502 (ff).

### **Section A. Instructions to the Applicant for Registration**

- The name of the applicant or entity must be the same on all supporting documentation submitted.

- The application for registration must be completed and signed as indicated.
- If the membership association application is being submitted by a person who is not a member, the person applying on the applicant's behalf, if not an attorney, must present a power of attorney on either a standard legal form or an affidavit form provided by the DOHMH.
- The person holding power of attorney must present one acceptable form of his/her photo identification as detailed below (instead of the applicant's photo identification).
- Attach a check or money order for \$100.00 payable to the "New York City Department of Health and Mental Hygiene" to each registration application.

### **Submitting the application**

- Submit the completed application for registration and supporting documents, online or in person to the DOHMH's Bureau of Food Safety and Community Sanitation, Office of Smoking Enforcement, 253 Broadway, 4<sup>th</sup> Floor, New York, New York 10007. The application for registration will be reviewed to ensure that all forms have been correctly completed and that all required documentation is presented. If the application is not complete or all required documentation is not provided, you will be notified, and your application will not be processed until it is complete. If you do not respond to the notification with the requested corrections and/or additional required documents, the application will be denied.

### **Section B. The following documentation is required:**

1. A copy of the organization's bylaws and governing rules and/or policies, or, if no bylaws, any other document describing the organization's main purpose, governing structure (i.e., president, chief, grandmaster, treasurer, secretary, etc.) and the process used to elect or select the governing structure.
2. Describe or provide any brochures or applications that indicate how an individual becomes a member of your organization; selection criteria for potential members; member application forms; screening procedures, if any, member duties and obligations, and membership dues.
3. Provide organization's federal EIN or State tax identification number, as applicable, and copies of federal tax exemption for organization, and registration with the State Attorney General as a charitable or philanthropic organization.
4. If your organization is incorporated as a not-for-profit corporation in New York State or another state, AND has tax-exempt status from the Internal Revenue Service, please supply one of the following:
  1. A copy of the IRS letter confirming your tax-exempt status AND a copy of your latest Form 990 (or other tax return) filed with the IRS; **OR**
  2. A copy of the New York State Department of Law Charities Bureau Form CHAR 410 ("Charities Registration Statement") AND your most recently filed Annual Financial Report, Form CHAR 497, filed with the same Bureau.

5. A copy of the current general liability insurance, workers' compensation, or other insurance policies showing all coverage, and any insurance audit showing which members are covered by such insurance.
6. A copy of the lease, deed, or title for the location used and controlled by the membership association, which is being registered or covered by this application.
7. Attach a copy of the most recent tax returns, both federal and state, if applicable.
8. Attach a Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers Compensation Board.



## Section C. Application for Registration As A Membership Association

(Type or print legibly in blue or black ink; complete a separate application for each site being registered).

### Part 1. Entity Information

Name of Individual Applicant :

Title or position:  Contact Phone No: ( )

Name/DBA of Organization:

### Organization Address

Building Number:  Street:

City:  State:  Zip Code:  Telephone: ( )

### Hours of Operation (e.g., from 1:00PM-2:00AM, as applicable)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Food Service Establishment CAMIS No., if applicable:  DOHMH FSE Permit No., if applicable: 25-

Membership Association CAMIS No., if renewal:  DOHMH Membership Association Permit No., if renewal: 89-

**Part 2.**

**A. Name of Incorporated Entity: include a copy of the certificate of incorporation and the receipt for filing with the New York State Secretary of State**

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**Date Incorporated:**

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**State) Where Incorporated:**

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**B. Name of Non-incorporated entity: Name of entity and date established in New York. Provide copies of documents, e.g., charters, indicating status, and date organization founded in New York State. Indicate whether organization is a chapter or post of a national membership organization and attach copies of any documents issued by the national organization to the New York City entity.**

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**Date Founded:**

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**Document(s) Submitted:**

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**Part 3. List full name and title of all officers, directors, senior or governing members, or members in charge. Use additional sheets of paper, if necessary.**

**1. Last Name:                      First Name:                      Title:                      Social Security #:**

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**Building Number:                      Street:**

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**City:                      State:                      Zip Code:                      Telephone:**

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**2. Last Name:                      First Name:                      Title:                      Social Security #:**

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**Building Number:                      Street:**

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<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>3. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>Social Security #:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>4. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>Social Security #:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

**Part 4. Duties of members**

List the names, social security numbers, membership status and work hours for all persons who perform each of the following duties for the organization and indicate whether and what kind of compensation members receive for such duties: preparation and service of food and beverages at member only, public or other events; reception; secretarial; security; cleaning and maintenance; financial and accounting services; legal services; fundraising; recruitment of members; advertising; and coordinating and scheduling meetings or other activities of the organization and by others using the premises. Use additional sheets of paper, if necessary.

<b>1. Last Name:</b>	<b>First Name:</b>	<b>SS No.:</b>	<b>Member as of:</b>
		- -	/ /
<b>Duties and Compensation:</b>			

**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours</b>							

<b>2. Last Name:</b>	<b>First Name:</b>	<b>SS No.:</b>	<b>Member as of:</b>
		- -	/ /

<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**3. Last Name: First Name: SS No.: Member as of:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**4. Last Name: First Name: SS No.: Member as of:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**5. Last Name: First Name: SS No.: Member as of:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**Part 5. Employee information**

List the names, social security numbers and date of employment and work hours and duties for each employee, if applicable. Use additional sheets of paper, if necessary. Submit copies of workers' compensation insurance policies.

**Applicant must sign and date indicated area below.**

**1. Last Name: First SS No.: Start Date:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**2. Last Name: First SS No.: Start Date:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**3. Last Name: First SS No.: Start Date:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**4. Last Name: First SS No.: Start Date:**

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<b>Duties and Compensation:</b>	
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**Work Schedule**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**Signature of Applicant/Member**

**Title**

**Date**

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### Acknowledgement and Certification

I, \_\_\_\_\_, state that I am the \_\_\_\_\_ of  
(Name) (Title)

\_\_\_\_\_, am authorized to make this application on behalf of the  
(Name of Applicant Entity)

applicant entity, and have completed the above application for registration of such entity as a membership association, and that the statements made therein and the documents submitted are truthful to the best of my knowledge. I further acknowledge that I and the persons I represent are fully aware of the consequences, including forfeitures and civil and criminal penalties, which may result if any statement and document provided is determined to be false.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

[Social Security numbers are being requested for the purpose of identification and verification of the facts alleged herein, and shall be maintained with the confidentiality required by, and shall not be further disclosed except in accordance with, applicable law.]