



Animal Care & Handling Facility Permit

New York City Department of Health and Mental Hygiene (DOHMH)

Please read the attached ***Animal Care & Handling Facility Types and Fee Table*** fact sheet to determine the type of permit(s) to apply for and all applicable fees.

The Application Process

1. Complete the *Standard Application for Permit for a New License or Permit* form and review the *Application Requirements Checklist* to determine the documentation you must submit with your application.
2. **Apply in Person** at one of our two locations.

Citywide Licensing Center
42 Broadway, Lobby
New York, N.Y. 10004

NYC Small Business Support Center
90-27 Sutphin Blvd, 4th Floor
Jamaica, N.Y. 11435

You can pay your fees in person by major credit card or by check or money order, made payable to NYC DOHMH.

Apply Online at www.nyc.gov/healthpermits. You can pay your fees online by major credit card. A service fee of 2.49% will be applied to all online transactions.

3. **Animal Care & Handling Certificate:** All animal facilities permitted by the DOHMH must have someone with a certificate in Animal Care & Handling on duty when the business is open to the public. The certificate must be available during the pre-permit inspection and on site and available at all other times. For information on registering for the course and the types of payment accepted, please go to www.nyc.gov/healthacademy. You can register for the class at the offices above, however separate payments are required for the permit and course.

After you submit your application

You must contact the DOHMH Bureau of Veterinary Public Health Services at (646) 364-1783 to schedule an inspection of your facility. Please note that your business may **not** begin to operate until it has received and passed a pre-permit inspection from the DOHMH.

To understand and learn the requirements for operating with this type of permit applicants are encouraged to read the applicable NYC Health Code Article 161 at www.nyc.gov/healthcode.



Application Requirements Checklist for a Small Animal Establishment Permit NYC Department of Health and Mental Hygiene (DOHMH)

REQUIRED DOCUMENTATION (Must be in Original form)	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application			
Completed Standard Application form	◆	◆	◆
Dog/Cat Dealer Reporting Form, if applicable			
Permit Fee			
See the Animal Care and Handling Facility Types and Fee Table	◆	◆	◆
Payable by credit card, check or money order made out to "DOHMH"			
Proof of Home Address (must provide one of the following)			
Valid U.S. 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			
Declaration of Home Address			
If you cannot provide one of the following items as proof of address you must submit the Declaration of Home Address form completed by the person with whom you are living with.			
Photo Identification (must be a government-issued ID with photo)			
U.S. Driver's license or non-driver's ID			
Current Alien Registration Card or Naturalization Certificate	◆	◆	◆
Current U.S. or foreign passport			
IDNYC: New York City Municipal ID card			
Proof of Sales Tax Collecting Authority			
NYS Certificate of Sales Tax Authority Card or Sales Tax Clearance Letter issued within 90 days.	◆	◆	◆
Workers' Compensation & Disability Insurance Coverage			
Proof of insurance Coverage (effective the day establishment begins operating). Policy must include insurer's name, policy number, expiration date and list DOHMH as the certificate holder.	◆	◆	◆
Certificate of Attestation of Exemption (Form CE-200)			
If insurance coverage is <u>NOT</u> required, you must submit a Certificate of Attestation of Exemption (Form CE-200) registered with the NYS Workers' Compensation Board. You can obtain more information and this form online at: www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp			
Business Documents			
Business Certificate (for a business owned by individual), or			
Partnership Certificate (for partnerships), or	◆	◆	◆
Certificate of Incorporation or corporate filing receipt (issued by the New York State Secretary of State)			
Uniform Granting Authority to Act Affirmation (aka Power of Attorney)			
You can choose to appoint someone to represent you before the Citywide Licensing Center but you must complete the Uniform Granting Authority to Act Affirmation form included in your packet. He or She must then bring the completed form along with a government issued photo ID to the licensing agent.			



Animal Care & Handling Facility Types and Fee Table

Pet Dealer (Type D): If the only animals you will sell are cats or dogs, you need to obtain only this permit.

Pet Shop (Type P): If you will sell fish or animals (other than cats or dogs), you need to obtain only this permit. If you will sell cats or dogs and any other animals or fish, you need this permit and Type D above.

Note: if you need both permits, you must submit separate forms for each permit if applying in person; or, if applying online, you must complete the application process for each permit separately.

Boarding Kennel (Type B): A facility where animals not owned by the proprietor are sheltered, harbored, maintained, groomed, exercised, fed, or watered in return for a fee, you must obtain this permit.

Grooming Parlor or Salon (Type A): A facility where owners bring their animals to be groomed in return for a fee or an establishment that provides facilities for owners to groom their own pets.

Training Establishment (Type C): A facility where small animals, whether or not belonging to the owner or employee of such facility, are trained for any purpose in return for a fee.

Animal Shelter (Type F): A not-for-profit facility where homeless, lost, stray, abandoned, seized, surrendered or unwanted animals are received, harbored, maintained and made available for adoption to the general public, redemption by their owners or other lawful disposition, and which is owned, operated, or maintained by a duly incorporated humane society, animal welfare society, society for the prevention of cruelty to animals, or other organization devoted to the welfare, protection or humane treatment of animals. Proof of 501c3 status required.

Permit Type and Fee Table

NAME OF LICENSE/PERMIT ¹	CLASS TYPE	Sale of Cats & Dogs (Only)	Sale of Small Animals (No Cats or Dogs)	Boarding	Grooming	Training	Shelter	Permit Term	Permit Fee ²	
									If Applying Between	
									Jan 1 - Jun 30	Jul 1 - Dec 31
Pet Dealer	D	X						2 years	\$300	\$300
Pet Shop	P		X	X	X			1 year	\$70	\$105
Boarding	B			X	X			1 year	\$70	\$105
Grooming	A				X			1 year	\$30	\$45
Training	C					X		1 year	\$70	\$105
Shelter	F						X	1 year	Fee-exempt	Fee-exempt

1 Permit Terms

Pet Dealer permits will expire 2 years from the last day of the month in which the initial application was submitted. In the case of a renewal, the permit will expire one year from date of last permit expiration.

Pet Shop, Boarding, Grooming and Training permits:

If applying between January 1st to June 30th: permit expires December 31st of that year.

If applying between July 1st to December: permit expires December 31st of the following year.

2 The permit fee for applications submitted between July 1st to December 31st is pro-rated to include the second half of the year in which you applied plus the following 12 months. When your permit is up for renewal, you will pay only the single full year fee.

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 sections 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 (<i>Last Name First</i>)				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: <input type="checkbox"/> Male <input type="checkbox"/> 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

MONTH	DAY	YEAR

SECTION C – NYS SALES TAX ID#

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SOCIAL SECURITY NUMBER
(If applying as an individual)

--

ITIN NUMBER (If no SSN and applying as an individual)

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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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	

ARE YOU REGISTERED TO VOTE?

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



DOG/CAT DEALER REPORTING FORM for CLASS 'D' Pet Shop Permit

Complete one form for every dealer used to supply you with the dogs and/or cats that were sold by your shop since May 1, 2016.

Pet Shop Name: _____ **Record ID** _____

Pet Shop Address: _____

Name of Pet Dealer: _____

Address of Pet Dealer: _____

Pet Dealer's USDA License or Registration No. _____

Total No. of Dogs Supplied by this Dealer Since May 1, 2016: _____

Total No. of Cats Supplied by this Dealer Since May 1, 2016: _____

List the USDA tag number for each dog or cat sold that originated from this dealer.

USDA TAG NUMBER

USDA TAG NUMBER

In submitting this form, I certify that the information I have provided is complete and accurate. I recognize that making any false statements violates NYC Health Code §3.19 and any other applicable law and may subject me to civil and criminal fines and penalties, and invalidation of any license or permit issued.



DOG/CAT DEALER REPORTING FORM for CLASS 'D' Pet Shop Permit

Complete one form for every dealer used to supply you with the dogs and/or cats that were sold by your shop since May 1, 2016.

Pet Shop Name: _____ **Record ID** _____

USDA TAG NUMBER

USDA TAG NUMBER

In submitting this form, I certify that the information I have provided is complete and accurate. I recognize that making any false statements violates NYC Health Code §3.19 and any other applicable law and may subject me to civil and criminal fines and penalties, and invalidation of any license or permit issued.

***** DUPLICATE FORM IF NECESSARY *****



Department of Consumer Affairs

Licensing Center

42 Broadway, Lobby
New York, N.Y. 10004

90-27 Sutphin Boulevard, 4th Floor
Jamaica (Queens), N.Y. 11435

Phone: 311 for all Licensing Information
Website: www1.nyc.gov/site/dca/businesses/licenses.page

DECLARATION OF HOME ADDRESS

(To be used by Vendors lacking Proof of Address)

To: New York City Licensing Center

I confirm that _____ is my _____
(Name of Licensee) (e.g. son, mother, uncle, friend, etc.)

and that they reside with me at _____.

I have attached hereto the following document(s) to verify that I reside at the above address:

Check all that apply (your name must be on the document):

- Copy of deed or proof of home ownership
- Copy of complete lease agreement
- Copy of Utilities/Services (e.g., Electric, Gas/Heating, Water or Cable/Internet)

In submitting this form, I certify that the information I have provided is complete and accurate. I recognize that making any false statements violates NYC Health Code §3.19 and any other applicable law and may subject me to civil and criminal fines and penalties, and invalidation of any license or permit issued.

Signature

Print Name

Date



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Uniform Granting Authority to Act Affirmation

I _____ am the _____
(Applicant Name) (e.g., owner, partner, or corporate officer)

of _____ which is located at
(Name of business or individual as it appears on your Certificate of Authority)

_____ and whose telephone number
(Street Address, Borough, State, and Zip Code)

and email address are _____ and _____.
(Phone No.) (Email Address)

I hereby authorize _____ of _____
(Name of designated Representative) (Representative's business, if applicable)

who maintains an office or resides at _____
(Representative's Street Address, Borough, State, and Zip Code)

and whose telephone number and email address are _____ and _____
(Representative's Phone No.)

_____ to represent me before the license, permit, or
(Representative's Email Address)

certificate issuing agency in regard to the preparation and submission of an application for the following license(s), permit(s) or certificate(s):

SIGNATURE

PRINT NAME

Date

I understand that I will be legally bound by the representations made in the application and will be held responsible by the Department for any inaccuracies or misrepresentations.
I understand that this affirmation will expire 90 days from the date I sign and date this form.