



Checklist of Required Documentation for New Permit/License for Temporary Food Service Establishments and Mobile Food Vendor Applications

Check individual permit guidelines for additional permit-specific required documentation

Items Needed <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Application <ul style="list-style-type: none"> All applicable sections completed Supplemental Form(s) if applicable Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
		Note: Mobile Food Vendor licenses can only be issued to an individual	
Fee <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Driver's license or non-driver ID Alien Registration Card or Naturalization Certificate U.S. or foreign passport 	✓	✓	✓
Proof of Sales Tax Collecting Authority <ul style="list-style-type: none"> Valid original NYS Certificate of Sales Tax Authority <i>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.</i>	✓	✓	✓
Proof of Incorporation <ul style="list-style-type: none"> 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. <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file it with an application for "Authority to Conduct Business in NY State" with the NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply</i>		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage <ul style="list-style-type: none"> Required as of January 1, 2014 of all Mobile Food Vendor Permittees and Temporary Food Service Establishment vendors(not required for licensees) 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)	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> 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)* <ul style="list-style-type: none"> Letter from the IRS stating not-for-profit status* 		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) <ul style="list-style-type: none"> If someone else will turn in the application for you 	✓	✓	✓



Instructions for Completing the Standard Application

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.
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 #. If applying as an individual, also enter your Social Security Number. 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**
 - This section is required for Mobile Food Vendor permittees. It is not required for Tattoo licenses nor Mobile Food Vendor licensees.
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.*

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



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

APPLICATION DATE		
MONTH	DAY	YEAR

NAME OF LICENSE/PERMIT
 (For detailed instructions on what is needed to apply please go to Business Express at <http://www.nyc.gov/businessexpress>)

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

This contact information will be used by the Department in the case of an emergency.

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	
DATE OF BIRTH (If applying as an individual)		MONTH	DAY	YEAR		OPTIONAL	
						GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
						What language do you speak? _____	

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

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 MUST COMPLETE THE WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION REQUESTED BELOW **AND** PROVIDE COPIES OF PROOF OF CURRENT INSURANCE.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF.

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 SIGN HERE ➤	

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?

YES NO

Applying, or declining to apply, to register to vote will not affect the amount of assistance you will be provided by this agency. If you would like help in filling out the voter registration application, we will help you.

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



New York City Licensing Center
 42 Broadway, New York, New York 10004
 Telephone: 311

Affidavit of Home Address

This form is to be completed only by the person with whom you (the applicant) live. It should also be signed by you where indicated. You must bring this form *with* a recent utility bill or lease in the name of that individual.

(Please type or print legibly)

TO: **Citywide Licensing Center**
 42 Broadway
 New York, NY 10004

(Enter name of the person with whom the applicant lives - must be the same as on the utility bill or lease)

residing at _____
(Street Address, Borough, State and Zip code)

states that: _____
(Enter name of the person applying for permit/license)

is my _____ and lives with me at the above address.
(Relationship to applicant, e.g., wife, husband, sister, brother, mother, father, son, daughter, aunt, uncle, cousin, friend)

_____ SIGNATURE <i>(Note: This name must match the name on the accompanying utility bill or lease.)</i>	_____ PRINT NAME <i>(Note: This name must match the name on the accompanying utility bill or lease)</i>
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I _____ attest to the truth of the above information.
Print name of applicant

 *
 SIGNATURE OF APPLICANT

* Please note that submitting false or misleading information is a violation of Section 3.19 of the New York City Health Code and may be prosecuted civilly or criminally as a misdemeanor. It may also result in the revocation of any license or permit issued.



New York City Licensing Center
42 Broadway, New York, New York 10004
Telephone: 311

Uniform Granting Authority to Act Affirmation

_____ affirms the truth of the following:
(Applicant Name)

1. I am the _____ of _____
(State relationship to business) (Name of business as it appears on the Certificate of Partnership and/or Business)

which is located at _____ and
(Street Address, Borough, State, and Zip Code)

whose phone number and email address are _____ and _____
(Area code & Number) (Email address)

2. I hereby authorize _____ of _____
(Full name of designated representative) (Full name of representative's business)

who maintains an office/resides at _____
(Street Address, Borough, State, and Zip Code)

and whose telephone number and email address are _____ and
(Area code & Number)

_____ to represent me before the license, permit, or certificate issuing
(Email address)

Agency in regard to the preparation and submission of my application for a license/permit

(License/Permit/Certificate Category)

3. I understand that I will be legally bound by the representations made in said applications and will be held responsible by the license, permit, or certificate issuing Agency for any inaccuracies or misrepresentations.

4. I understand that I may revoke/withdraw the Authority to Act being submitted in connection with this application for a license, permit, or certificate in person by appearing at the Citywide Licensing Center prior to the date of the submission of the permit (license) application and informing the Director of the Citywide Licensing Center of this decision (The office of the Citywide Licensing Center is located at 42 Broadway, New York, NY 10004). I also understand that in the alternative I may notify the Citywide Licensing Center in writing of the revocation/withdrawal of this authority to act on my act.

SIGNATURE

PRINT NAME

Date: _____



MOBILE FOOD VENDING LICENSE/PERMIT FEES

Payment methods: Personal Check (accepted only when applying in person), Certified Check (made payable to the New York City Department of Health & Mental Hygiene; accepted only when applying in person), Money Order (made payable to the New York City Department of Health & Mental Hygiene; accepted only when applying in person). Payment by credit card (American Express, Discover, MasterCard or Visa) require a convenience fee of 2.49%

LICENSE FEES

- \$50.00: Full term (2 year) license fee - License Code H05
- \$10.00: Seasonal (April 1 - October 31) license fee - License Code H01
- There is no fee for an honorably discharged veteran of the U.S. Armed Services or the surviving spouse or domestic partner of such veteran.
- \$53.00: Fee for Mobile Food Vendor Food Protection Course
Payment for the course must be submitted separately from the payment for the license application or any violations of the Health Code or Administrative Code.
- Payment for Health Code or Administrative Code Violation(s), if any (payable to the Environmental Control Board). Payment for any violations must be submitted separately from the payment for the license application and the Food Protection Course.

PERMIT FEES

- 200.00: Full term (2 year) or Restricted Area permit fee for units in which food is prepared or processed on-site.
- \$75.00: Full term (2 year) or Restricted Area permit fee for units in which food is pre-packaged or does not involve preparation or processing on-site.
- \$35.00: Seasonal (April 1 - October 31) permit fee for units in which food is prepared or processed on-site.
- \$15.00: Seasonal (April 1 - October 31) permit fee for units in which food is pre-packaged or does not involve preparation or processing on-site.
- No fee for an honorably discharged veteran of the U.S. Armed Services or the surviving spouse or domestic partner of such veteran, regardless of the type of food sold. (Permit Code H03 or H06)
- \$53.00: Fee for Mobile Food Vendor Food Protection Course. Payment for the course must be submitted separately from the payment for the permit application or any violations of the Health Code or Administrative Code.
- Payment for Health Code or Administrative Code Violation(s), if any. Payment for any violations must be submitted separately from the payment for the permit application or for the Food Protection Course, and made payable to the Environmental Control Board.



Instructions for Completing the Application Specific Information for a Mobile Food Vendor License

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. Licensee Name

- Write your Last Name first, then your First Name second and your Middle Name last.

2. Personal Information

- Write your Date of Birth (2 digits for month, 2 digits for day of month and then 4 digits for year).
- Write your Height in feet and inches.
- Write your Weight in pounds.
- Write the color of your eyes.
- Check the appropriate box for your gender.
- Write all the names that you may be known by, that may appear on your birth certificate, marriage license or passport.
- Write in the names of the languages that you speak (and read).

3. Email Affirmations

- Please put a check in the box Yes if you want all official notices sent to you only by email or put a check in the box No if you do not want all official notices sent to you by email.
- If you want to receive publications from the Health Department by email please put a check in the box Yes or if you do not want to receive publications from the Health Department by email please put a check in the box No.

4. Names of Permittees Whose Units You Will Be Using

- Please write the names of Permittees whose units you will be using.



INITIAL APPLICATION FOR MOBILE FOOD VENDOR LICENSE

APPLICATION DATE		
MONTH	DAY	YEAR

APPLICATION SPECIFIC INFORMATION

LICENSEE NAME		
_____	_____	_____
LAST	FIRST	MIDDLE

PERSONAL INFORMATION	
DATE OF BIRTH: _____ / _____ / _____	HEIGHT: _____ FEET _____ INCHES
MM DD YYYY	
WEIGHT: _____ LBS. EYE COLOR: _____	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
List all of the names you may be known by: _____	
Languages spoken: _____	

EMAIL AFFIRMATIONS	
Do you want all official notices sent to you <u>ONLY BY EMAIL?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you want to receive publications from the Health Department by email?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAMES OF PERMITTEES MOBILE FOOD VENDING UNITS (pushcarts/vehicles/trailers) YOU WILL BE OPERATING	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

FOR OFFICE USE ONLY						
RECORD NUMBER	ISSUE DATE			EXPIRATION DATE		
	MO	DAY	YEAR	MO	DAY	YEAR
LICENSE CATEGORY	CLASS/SUBCLASS			FEE		