



## Agreement to Accept Waiver of Certain Fines

The Health Department is waiving some fines that are imposed against mobile food vendors. **You must sign this document below and return it to the Health Department if you want to accept a waiver of these fines.**

The Health Department will waive any fine imposed for scored violations if ALL of the following conditions are met:

- The inspection was an initial inspection;
- The inspection was conducted after December 9, 2018;
- The inspection resulted in 14 or more points;
- All summonses issued at that inspection have been decided by the Office of Administrative Trials and Hearings (OATH), and none are in default;
- After the hearing(s) at OATH, the score for that inspection is 13 or fewer points; and
- The permit holder has completed this form and returned it to the Health Department.

To waive the fine, the Health Department must file a Post-Hearing Agreement at OATH.

If you want these fines waived, please fill out the authorization form below and return it by mail or in person to:

Kirk Nelson, Ombudsperson  
 Mobile Food Vending Inspection Program  
 125 Worth St., Room 930, CN9A  
 New York, NY 10013

You may also email a scanned copy to [MFVInspections@health.nyc.gov](mailto:MFVInspections@health.nyc.gov).

If you are signing this form after paying eligible fines and you meet the conditions above, you will be issued a refund. For more details about the fine waiver program, please visit: [nyc.gov/health/mobilefood](http://nyc.gov/health/mobilefood) or call 646-632-6203.

### Authorization to File Post-Hearing Fine Waiver Agreement

I want the Health Department to waive fines imposed for scored violations when all of the conditions of the fine waiver program are met.

I understand that this authorization is limited to the fine waiver program and will not be used for any other purpose. I authorize the Health Department to keep this authorization on file permanently and to file fine waiver agreements whenever these conditions are met.

Name (Print): \_\_\_\_\_

Name (Signature): \_\_\_\_\_

Record/CAMIS/Permit #: \_\_\_\_\_

Date: \_\_\_\_\_