

THE REMAINING SECTION APPLY TO ALL APPLICANTS APPLYING FOR A PERMIT.

SECTION H - LIST NAMES (LAST FIRST), HOME ADDRESSES, AND SOCIAL SECURITY NUMBERS OF OWNER - PARTNER - CORPORATE OFFICERS						
1	NAME	SOCIAL SECURITY #			TITLE	
	HOME ADDRESS				ZIP CODE	
2	NAME	SOCIAL SECURITY #			TITLE	
	HOME ADDRESS				ZIP CODE	
3	NAME	SOCIAL SECURITY #			TITLE	
	HOME ADDRESS				ZIP CODE	
4	NAME	SOCIAL SECURITY #			TITLE	
	HOME ADDRESS				ZIP CODE	
5	NAME	SOCIAL SECURITY #			TITLE	
	HOME ADDRESS				ZIP CODE	
6	NAME	SOCIAL SECURITY #			TITLE	
	HOME ADDRESS				ZIP CODE	

SIGN HERE ▶	SIGNATURE OF APPLICANT OR CORPORATE OFFICER	TITLE	ARE YOU 21 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
		TELEPHONE NUMBER	

IMPORTANT

"If you are applying for a Food Service Establishment or Non-Retail Food Processing Establishment permit you must telephone the Department's Bureau of Food Safety and Community Sanitation at (212) 676-1600, Monday through Thursday, 11:00 AM to 3:00 PM, at least 21 days before you are ready to begin operating (Section A above), to schedule a pre-operational inspection. DO NOT SCHEDULE THIS INSPECTION UNLESS ALL CONSTRUCTION/RENOVATION HAS BEEN COMPLETED, ALL EQUIPMENT HAS BEEN INSTALLED, AND YOU ARE READY TO OPEN FOR BUSINESS."

FOR OFFICE USE ONLY

PRIOR APPROVAL(S) - AUTHORIZATION TO ISSUE PERMIT					
ACTION TAKEN BY DIVISION OF PERMITS			ACTION TAKEN BY APPROVAL UNITS		
CHECK (✓) APPROVAL UNIT APPLICATION IS SENT TO	DATES		DISPOSITION		AUTHORIZED SIGNATURE
	SENT	RETURNED	APPROVAL-A DISAPPROVAL	TITLE	
			A/D	DATE	ASST. COMM.
<input type="checkbox"/> RADIOLOGICAL HEALTH					
<input type="checkbox"/> PUBLIC HEALTH ENGINEERING					
<input type="checkbox"/> FOOD SAFETY AND COMMUNITY SANITATION					
<input type="checkbox"/> VETERINARY PUBLIC HEALTH					

CITYWIDE LICENSING CENTER - DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 42 BROADWAY, 5TH FLOOR, NEW YORK, N.Y. 10004

**CITYWIDE LICENSING CENTER
TEMPORARY FOOD SERVICE ESTABLISHMENT
APPLICATION ATTACHMENT**

(Please type or print legibly)

VENDOR NAME: _____
(Same as entered in Section D of Application for Permit)

EVENT NAME: _____

STREET ACTIVITY PERMIT # _____

DEPARTMENT OF PARKS & RECREATION PERMIT # _____

TYPE OF OPERATION (check one):

PROCESSING _____ NON-PROCESSING _____

FOOD(S) TO BE SERVED: _____

I hereby certify that I have read and understand the **RULES AND GUIDELINES FOR OPERATING A TEMPORARY FOOD SERVICE ESTABLISHMENT** included in this booklet (see attached) and that the information I have provided is true and consistent with this and any future temporary food service establishment(s) that I may operate during the current calendar year. I understand that I am obligated to comply with the conditions stated herein as well as all applicable provisions of the New York City Health Code and New York State Sanitary Code.

Additionally, I fully understand that any deviation from the conditions stated herein without prior permission of the Department of Health may result in action being taken by the Department. Such action includes but is not limited to the immediate closing of the facility and could adversely affect any future permit applications on my behalf.

Signature: _____
(Permittee or Authorized Representative)

Date: _____

NOTE: COMPLETE THE FORM BELOW ONLY IF SOMEONE OTHER THAN THE OWNER, A PARTNER OR CORPORATE OFFICE WILL BE FILING YOUR LICENSE APPLICATION.

AFFIDAVIT GRANTING AUTHORITY TO ACT

(Please type or print legibly)

STATE OF NEW YORK)
):
COUNTY OF _____)

SS.:

_____ being duly sworn, deposes and states that:
(Print Name)

1. I am the _____ of
(State relationship to business)

(State complete name of business as it appears on a Certificate of Corporation, Certificate of Partnership or Business Certificate and attach a photocopy of this document. If you are a sole proprietor doing business under your own name, no attachment is required.)

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

and with the following telephone number () _____
(Area Code & Number)

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

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

and whose telephone number is _____ to represent me before the Department of
(Area code & Number)

Consumer Affairs (hereinafter referred to as "the Department" in regard to the preparation and submission of my application for a _____ license/permit.
(License/Permit category)

3. I understand that I will be legally bound by the representations made in said application and will be held responsible by the Department for any inaccuracies or misrepresentations.

4. I understand that I may revoke this Authority to Act by appearing in person at the Citywide Licensing Center prior to the date of the submission of the permit (license) application. (The office of the Citywide Licensing Center is located at 42 Broadway, 5th Floor, New York, N.Y. 10004). I also understand that, in the alternative, I may notify the Department's Director of Licensing, in writing, of the revocation/withdrawal of this authority to act on my behalf.

Sworn to before me this _____ day of _____ 199_____

(SIGNATURE)

NOTARY PUBLIC (Stamp & Signature)

(PRINT NAME)