



Health Department Requirements for Opening a Restaurant or Other Food or Beverage Establishment*

Congratulations on your decision to open a food establishment in New York City! There are three Health Department requirements you need to complete before opening your restaurant or other food or beverage establishment:

- **Design and build your establishment to meet food safety requirements**
 - Review Health Department requirements for your facility by reading *Applying for a Health Department Permit/Designing a Restaurant*, available at <http://nyc.gov/health/foodservice> or at the Citywide Licensing Center. **
- **Register your supervisor of food operations for a Food Protection Course**
 - You must have a supervisor with a Food Protection Certificate on site at your establishment whenever you are in operation.
Note: "In operation" means whenever any food worker in your establishment is receiving, preparing, storing or serving food or the establishment is open to the public.
 - You can register for the Food Protection Course online at <http://www.nyc.gov/healthacademy> or in person at the Citywide Licensing Center. The class takes place in a classroom setting at the Department's Health Academy or online. It is free to take the course online. However, those taking the course online must pass an in-person examination before the business opens. Consider enrolling other managers and food workers in a food protection class to train them to maintain the highest food safety standards.
- **Submit a permit application**
 - Use the checklist included in this packet to make sure you have everything required before applying. When applying in person, original documentation should be provided; faxes and copies are not acceptable.
 - Be prepared to pay the necessary fee. An updated list of permit fees is included in this packet.
 - Complete an online application at [NYC.gov/healthpermits](http://nyc.gov/healthpermits), or submit application forms in person at the Citywide License Center**. Do not mail the application. Mailed applications are not accepted.
 - You may open your establishment 22 days after you submit your application. If you wish to open earlier than 22 days, call 311 and ask for a food establishment pre-operating inspection.

* Not-for-profit establishments preparing and/or serving food must also follow this application process

**The Citywide Licensing Center is located at 42 Broadway, New York, NY 10004. The hours are Mon, Tues, Thurs, and Fri: 9-5; Wed: 8:30-5.

Tip: Visit these websites for more information about opening your food service establishment, or call 311

- The Health Department: nyc.gov/health/foodservice
- City of New York Business Resources: nyc.gov/business
- The Department of Small Business Services: nyc.gov/sbs
- The Department of Consumer Affairs: nyc.gov/dca

PRE-PERMIT AND OPTIONAL CONSULTATIVE INSPECTIONS FOR FOOD SERVICE ESTABLISHMENTS

Three different services are available to help restaurateurs quickly open for business, acquire the necessary New York City permits, perform well on routine inspections and safely serve their customers. You can request language assistance during inspections if needed. You can choose one or all of these inspections, depending on your eligibility.

If your business requires assistance with understanding or applying to other NYC licenses and permits please visit nyc.gov/quickstart, where a Small Business Advocate from the Department of Small Business Services can provide free guidance and support on navigating government and operating in compliance. You may also contact the Small Business Advocates at: (888) 727-4692, or click [here](#) to request a free consultation.

CONSULTATIVE INSPECTIONS FROM THE DEPARTMENT OF HEALTH

The Department of Health offers two types of consultative inspections to provide basic food safety education and guidance to restaurant operators upon request.

1. After the restaurant has opened to the public, but before its first graded inspection

At this optional inspection, a Health Department inspector will conduct an inspection of your establishment while it is operating, but will not issue notices of violations that carry fines. At the end of the inspection, the restaurant will receive an inspection report, which will help the owners and managers bring it fully into compliance before its grading inspection. Inspections are not graded, however, any public health hazard will have to be corrected before the end of the inspection, or the Department may have to order the restaurant to close temporarily until the condition is corrected. Restaurants are eligible for this Consultative Inspection only before receiving their first graded inspection and after they have begun serving food. The fee is \$100.

To apply, check "Yes" on Optional Question #10 of the Permit Application Form and submit the form at the DCA Citywide Licensing Center or apply online at www.nyc.gov/healthpermits

2. After the restaurant has had at least one graded inspection

The Department will conduct a comprehensive review of current operating practices with you, conduct an inspection and interview kitchen staff, and analyze prior inspection results so that it may provide you with recommendations on how to better practice A-grade food safety. You will receive a full report that highlights recurring violations and an assessment of operational practices that includes detailed recommendations. Inspections are not graded, however, any public health hazard will have to be corrected before the end of the inspection, or the Department may have to order the restaurant to close temporarily until the condition is corrected. Restaurants are eligible for this Consultative Inspection only after they have received at least one graded inspection. The fee is \$400.

To apply, call 311 and ask for *Restaurant Consultative Inspection*.



QUESTIONNAIRE FOR FOOD SERVICE ESTABLISHMENTS REGARDING GREASE DISPOSAL REQUIREMENTS

	<u>Yes</u>	<u>No</u>
1) Will you be cooking food at your business?	<input type="checkbox"/>	<input type="checkbox"/>
2) Will you be serving food at your business?	<input type="checkbox"/>	<input type="checkbox"/>
3) Will you be washing dishes, utensils, trays etc. at your business?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of the above questions it is very likely that you are required to install and maintain proper grease interceptors!

If you have any questions please call DEP at 718-595-4436.

For more information about DEP's grease regulations & to see a grease educational video go to www.nyc.gov/dep (see left side of page: "Businesses & Professionals"/ "Economic Development Unit")





Checklist for a New Permit Application

(Not applicable to renewals, food carts, or temporary food service establishments)

Note: 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
Permit Application <ul style="list-style-type: none"> • All applicable sections completed • Permit-specific Supplemental Form(s) if applicable • Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
Permit 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 US driver's license, or US 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"> • Valid US driver's license, or US 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.tax.ny.gov. 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/Certification <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 with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i>		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage <ul style="list-style-type: none"> • Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is <i>NOT</i> required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See http://www.wcb.ny.gov. • List DOHMH as the certificate holder (not the policy holder) 	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> • <u>Certified</u> 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 	✓	✓	✓



Food Service Establishment Permit Fees

Fees can be paid in person at the time of application submission or online with an online application. The City accepts credit and debit cards. When paying in person, you can use credit cards, check and money orders made payable to DOHMH.

How much do you need to pay?

1. The permit fee for most food service establishments in New York City is:

\$280, plus \$25 if you will manufacture a frozen dessert

This fee applies if your establishment will serve food to the public and you intend to make a profit (you're not operating as a charity, not-for-profit, or governmental organization). Examples include:

- Restaurant
- Bar
- Coffee Shop
- Café
- Ice Cream Parlor
- Pizzeria
- Diner
- Donut Shop
- Pastry Shop
- Concession Stand or Booth (not a mobile food vending unit)

2. If you operate a food service establishment and you are a charity, not-for-profit or governmental organization, there is **no fee**. You will need to provide proof of your not-for-profit status in the form of a letter from the IRS indicating your organization is covered by section 501(c)(3). Examples include an establishment operating in a:

- Elementary or secondary school run by governmental or not-for-profit fraternal, charitable or religious organizations
- Correctional facility
- Day care center
- Fraternal or charitable organization or member group food service (not-for-profit) (for example: American Legion, Phoenix House)
- Senior Citizen Center
- Soup kitchen, shelter food service, or other emergency food relief organization
- Summer feeding program

3. If you operate a commissary or depot for mobile food vending, or a non-retail food processing establishment, your permit fee will be **\$200**

4. If you operate in a shared kitchen, your permit fee will be one of the fees listed below:

- a. Chef, cook, or other person leasing space: **\$280 - Plus \$25 if manufacturing frozen desserts.**
- b. Manager, operator or owner of the space: **\$200**

5. If you choose to have an optional consultative inspection (see flyer in this packet), the fee is \$100.



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 in the space labeled “Premises Location”. Please include 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
- You may choose the language that you prefer your inspection be conducted in, if other than English. Please specify the language that you would prefer.
- You may receive notices and/or publications by email from the Department of Health by checking the appropriate boxes.

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 SSN. 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 all permits. It is not required for Mobile Food Vendor licenses, Tattoo licenses, or Working Horse licenses.

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.*



H25 Food Service Establishment Permit Supplemental Form

Application Specific Information Instructions

Sections 1-7 of this form are **required** to submit your FSE application. Complete all required sections of application.

Sections 8 - 11 are *optional*.

We thank you in advance for providing this optional information as it will assist us in protecting the health of all New Yorkers.

If completing by hand, use ink and write in capital letters or complete online at: www.nyc.gov/healthpermits.

1. Operating Hours

- Enter the hours your establishment will be serving food to the public each day.

2. Number of Seats

- Enter the number of seats your FSE will have. You can enter 0 if you are operating a catering establishment.

3. Name of Onsite Contact

- Enter the name of someone who will be at the location who can be reached in case of an emergency.

4. Franchise

- Is your establishment a franchise? A franchise is food service establishment that is 1 of 15 or more outlets operating the same type of business nationally under common ownership or control, or doing business under the same name, for each menu item that is served in portions, the size and content of which are standardized. Please select yes/no.

5. Venue Type

- What type of venue will you be operating? Please select from the list provided, or choose "Other" and add your own description.

6. Cuisine Type

- Select the type of cuisine you will be serving at your establishment. Please only select one type of cuisine.

7. Service Type

- What type of service will you be offering customers? Please select the one type of service from the list that best describes how your establishment will operate

8. Grease Collection

- Please provide details about the commercial grease collector your establishment will be using.

9. Delivery Safety

- Will your establishment have an employee who will be delivering food by bicycle? Please select Yes or No.

10. Consultative Inspection

- Newly opened establishments may request an optional, ungraded inspection. \$100.

11. Grilling

- Please identify the cooking equipment your establishment uses to cook animal products (steak, all kinds of meat, fats, etc) Types of charbroiler are defined in the section

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



APPLICATION DATE		
MONTH	DAY	YEAR

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

<p>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)</p>
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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									
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				
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			
<p>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 _____.</p>									
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>									

SECTION B – DATE EXPECTED TO OPEN/START OPERATING		
MONTH	DAY	YEAR

SECTION C – NYS SALES TAX ID#									

SOCIAL SECURITY NUMBER (If applying as an individual)							

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

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.) SIGN HERE ➤	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.nycdfb.info/register tovot e online.



APPLICATION FOR A LICENSE OR PERMIT

H25 Food Service Establishment

IMPORTANT

Pre-Operational Inspections at New Food Service Establishments

- You can open 22 days after submitting a permit application.
- Restaurants are *not* required to call the Health Department to schedule an inspection to obtain a permit.
- If you would like a pre-permit inspection before you start to operate, you may call 311 or (212) 676-1600 to schedule one. If you pass the inspection, you may begin operating if it is less than 22 days since filing your permit application.

SECTION 1 – Operating Hours		
	Opening Time	Closing Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

SECTION 2 – Number of Seats

SECTION 3 – Name of Onsite Contact
Please provide name and telephone number for onsite (or local) contact, if not the applicant:
Name: _____
Phone #: _____ Email: _____

SECTION 4 – Franchise
Is your establishment a part of a franchise?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify which franchise _____

SECTION 5 – Venue Type	
Please select one type of venue you will be operating from the list below. If not listed, please select "other" and describe.	
<input type="checkbox"/> Arena-Stadium Concession Stand <input type="checkbox"/> Arena-Stadium Restaurant <input type="checkbox"/> Attraction (Zoo, Aquarium, Amusement Park, etc.) <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Bar/Pub/Brewery (Food Served) <input type="checkbox"/> Bar/Pub/Brewery (No Food) <input type="checkbox"/> Billiard Parlor/Pool Hall <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Cabaret/Dance Hall <input type="checkbox"/> Concession Stand-Other <input type="checkbox"/> Diner	<input type="checkbox"/> Employee Dining Room <input type="checkbox"/> Fast Food Restaurant-Food Court <input type="checkbox"/> Fast Food Restaurant-Stand Alone <input type="checkbox"/> Health Club/Gym/Spa <input type="checkbox"/> Meals-on-Wheels <input type="checkbox"/> Night Club <input type="checkbox"/> Restaurant (no bar) <input type="checkbox"/> Restaurant (with bar) <input type="checkbox"/> Wine Bar <input type="checkbox"/> School Cafeteria <input type="checkbox"/> Other: _____

SECTION 6 – Cuisine Type	
Please select one type of cuisine that most closely resembles the type that will be served at your establishment.	
Cuisine Type	
<input type="checkbox"/> Afghan <input type="checkbox"/> African <input type="checkbox"/> American <input type="checkbox"/> Armenian <input type="checkbox"/> Asian <input type="checkbox"/> Australian <input type="checkbox"/> Bagels/Pretzels <input type="checkbox"/> Bakery <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Barbecue <input type="checkbox"/> Basque <input type="checkbox"/> Bottled beverages, including water; sodas, juices, etc. <input type="checkbox"/> Brazilian <input type="checkbox"/> Café/Coffee/Tea <input type="checkbox"/> Cajun <input type="checkbox"/> Californian <input type="checkbox"/> Caribbean <input type="checkbox"/> Chicken <input type="checkbox"/> Chilean <input type="checkbox"/> Chimichurri <input type="checkbox"/> Chinese <input type="checkbox"/> Chinese/Cuban <input type="checkbox"/> Chinese/Japanese <input type="checkbox"/> Continental <input type="checkbox"/> Creole <input type="checkbox"/> Creole/Cajun <input type="checkbox"/> Czech <input type="checkbox"/> Delicatessen <input type="checkbox"/> Donuts <input type="checkbox"/> Eastern European <input type="checkbox"/> Egyptian <input type="checkbox"/> English <input type="checkbox"/> Ethiopian <input type="checkbox"/> Filipino <input type="checkbox"/> French <input type="checkbox"/> Fruits/Vegetables <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Hamburgers <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hotdogs <input type="checkbox"/> Hotdogs/Pretzels <input type="checkbox"/> Ice Cream, Gelato, Yogurt, Ices	<input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Iranian <input type="checkbox"/> Irish <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Jewish/Kosher <input type="checkbox"/> Juice, Smoothies, Fruit Salads <input type="checkbox"/> Korean <input type="checkbox"/> Latin (Cuban, Colombian, Dominican, Puerto Rican, South and Central American) <input type="checkbox"/> Mediterranean <input type="checkbox"/> Mexican <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Moroccan <input type="checkbox"/> Nuts/Confectionary <input type="checkbox"/> Pakistani <input type="checkbox"/> Pancakes/Waffles <input type="checkbox"/> Peruvian <input type="checkbox"/> Pizza <input type="checkbox"/> Pizza/Italian <input type="checkbox"/> Polish <input type="checkbox"/> Polynesian <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Salads <input type="checkbox"/> Sandwiches <input type="checkbox"/> Sandwiches/Salads/Mixed Buffet <input type="checkbox"/> Scandinavian <input type="checkbox"/> Seafood <input type="checkbox"/> Soul Food <input type="checkbox"/> Soups <input type="checkbox"/> Soups & Sandwiches <input type="checkbox"/> Southwestern <input type="checkbox"/> Spanish <input type="checkbox"/> Steak <input type="checkbox"/> Tapas <input type="checkbox"/> Tex-Mex <input type="checkbox"/> Thai <input type="checkbox"/> Turkish <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vietnamese/Cambodian/Malaysia <input type="checkbox"/> Other: _____

SECTION 7 – Service Type	
Please select one type of service that most closely describes what your establishment will provide.	
<input type="checkbox"/> Automat <input type="checkbox"/> Buffet <input type="checkbox"/> Buffet and Counter Service <input type="checkbox"/> Buffet and Wait Service <input type="checkbox"/> Cafeteria Style <input type="checkbox"/> Caterer (No on-site Service, Food Prep Only)	<input type="checkbox"/> Counter Service <input type="checkbox"/> Eat-in Only <input type="checkbox"/> Takeout Only <input type="checkbox"/> Takeout-Limited Eat-in <input type="checkbox"/> Wait Service <input type="checkbox"/> Wait Service & Counter Service <input type="checkbox"/> Other: _____

Optional Questions for Food Service Establishment Applicants

SECTION 8 – Grease Collection

Will your establishment be using a commercial grease collector?

Yes No If yes, please identify:

Name of Company: _____

Contact Information: _____

SECTION 9 – Delivery Safety

Will your establishment be delivering food by bicycle?

Yes No

SECTION 10 – Consultative Inspection

Do you want to apply for a New Entity Consultative Inspection (NECI)?

Yes No

Please note that there is a \$100 fee when applying for the NECI.

SECTION 11 – Grilling

How many of each of these types of cooking equipment does your establishment use to cook animal products:

■ **Underfired Charbroiler:** A broiler with a heating source underneath a slotted grill that holds meat and other foods.

1. Indicate the number of underfired charbroilers used in your establishment:

a. Small, less than 2 feet wide grill space:

0 1 2 3 4 5 more than 5

If more than 5 write number _____

b. Medium, between 2 and 4 feet wide grill space:

0 1 2 3 4 5 more than 5

If more than 5 write number _____

c. Large, greater than 4 feet wide grill space:

0 1 2 3 4 5 more than 5

If more than 5 write number _____

■ **Conveyorized Charbroiler:** A broiler with moving belts that carry meat through the flame area.

2. Indicate the number of conveyorized charbroilers used in your establishment:

a. Small, width of grill belt 2 feet or less wide:

0 1 2 3 4 5 more than 5

If more than 5 write number _____

b. Large, width of grill belt greater than 2 feet wide:

0 1 2 3 4 5 more than 5

If more than 5 write number _____



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 telephone 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: _____

NYC Checklist for
REQUIRED SIGNS for
RESTAURANTS & BARS



Use this checklist to help you post required signs and avoid fines.
Learn more at nyc.gov/business.



OUTSIDE

For All

- Letter Grade | *NYC Department of Health*
Get from inspector | Learn more at on.nyc.gov/infolettergrades
 - In view of potential customers outside your establishment.
(Up to 5' to one side of the door, 4' to 6' above the ground.)
- Private Carter Decal | *NYC Department of Sanitation*
Get from carter | Learn more at on.nyc.gov/infowastehauler
 - Inside window or on door facing out.

For Seating on Public Sidewalks

- Sidewalk Café License | *NYC Department of Consumer Affairs*
Apply at on.nyc.gov/licensesidewalkcafe
 - Inside window facing out.
 - If you have not renewed your license since 2014, you also must post a complaint sign. Get online at on.nyc.gov/signcomplaints.
- Sidewalk Café Smoking Section | *NYC Department of Health*
Buy or make | Learn more at on.nyc.gov/signoutsidesmoking
 - Designate a section only as you wish and law allows.



CUSTOMER AREA

For All

- Certificate of Occupancy | *NYC Department of Buildings*
Get from Dept. | Learn more at on.nyc.gov/infoCertOccup
 - Or else post Temporary Certificate or Letter of No Objection.
 - Not needed in your restaurant if posted elsewhere in building.
- Food Service Establishment Permit | *NYC Department of Health*
Apply at on.nyc.gov/infossep
- Choking First Aid | *NYC Department of Health*
Get online at on.nyc.gov/signfse
 - In language(s) of workers and customers.
- CPR Kit and Information | *NYC Department of Health*
Buy with kit | Learn more at on.nyc.gov/infocpr
 - Include 911, your kit's location, and where to learn CPR.
- Sales Tax Certificate of Authority | *NY State Dept. Taxation*
Apply at on.nyc.gov/infotaxid

For Seating 75+ Customers Indoors or 200+ Outdoors

- Place of Assembly Certificate of Operation and Permit | *NYC Departments of Building, Fire*
Apply at on.nyc.gov/infopaco
- Maximum Occupancy for Place of Assembly | *NYC Dept. of Buildings*
Buy or make | Learn more at on.nyc.gov/infomaxoccupancy

For Selling Alcohol

- Liquor License | *NY State Liquor Authority*
Learn more at on.nyc.gov/infoliqorlicenses
- Warning for Pregnant Women | *NYC Department of Health*
Get online at on.nyc.gov/signfse
- No Liquor Sold to Minors or Intoxicated Adults | *NY State Liquor Auth.*
Buy or make | Learn more at on.nyc.gov/infodrinkminors

For Delivering by Bicycle

- Bicycle Delivery Safety | *NYC Department of Transportation*
Get online at on.nyc.gov/signbicycle
 - In language(s) of workers and customers.

For Owning or Franchising 15 or More Locations

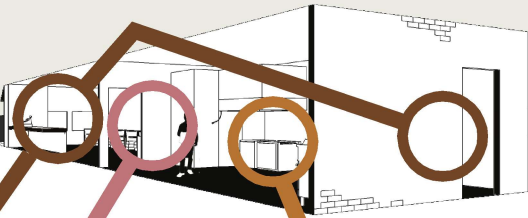
- Calorie Counts for Menu Items | *NYC Department of Health*
Buy or make | Learn more at on.nyc.gov/infocalorie



THROUGHOUT

For All

- No Smoking | *NYC Department of Health*
Get online at on.nyc.gov/signnosmoking
 - In every room and stairwell.
- Must Wash Hands | *NYC Department of Health*
Buy or make | Learn more at on.nyc.gov/infohandwash
 - Above all hand sinks, not above food or ware sinks.
 - In language(s) of workers and customers.
- Exit and Direction to Exit | *NYC Building Code*
Installed by contractor | Learn more at bit.ly/infoexitsigns
- Fire Extinguisher Inspection Tags | *NYC Department of Fire*
Get from contractor | Learn more at on.nyc.gov/infoextinguishers
 - On each unit showing date of last annual inspection.



KITCHEN

For All

- Food Allergies | *NYC Department of Health*
Get online at on.nyc.gov/signfse
• In view of and in language(s) of all workers.
- Fire Alarm Test Record | *NYC Department of Fire*
Get from Dept. | Learn more at on.nyc.gov/infofiressystem

For Large Refrigerators, Boilers, and HVAC units

- Equipment Use Permits | *NYC Depts. of Buildings, Fire*
Apply online at on.nyc.gov/equipmentuse
• On each system and updated with inspection records.

For Range Hoods

- Schematic of Hood and Ducts | *NYC Department of Fire*
Get from contractor | Learn more at on.nyc.gov/inforangehoods
- How to Clean Hoods and Ducts | *NYC Department of Fire*
Get from contractor | Learn more at on.nyc.gov/inforangecare
- Record of Cleaning Hoods and Ducts | *NYC Department of Fire*
Get from contractor | Learn more at on.nyc.gov/inforangecare
• On each system and updated every three months.
- Record of Inspecting Hood and Duct | *NYC Department of Fire*
Get from contractor | Learn more at on.nyc.gov/inforangecare
• On each system and updated every six months.



WORKER AREA

For All

- Minimum Wage | *NY State Department of Labor*
Get online at bit.ly/signNYlabor
- Fair Labor Standards Act | *US Department of Labor*
Get online at bit.ly/signfairlabor
- Benefits and Hours | *NY State Department of Labor*
Buy or Make | Learn more at bit.ly/infobenefitsign
- Wage Deductions | *NY State Department of Labor*
Get online at bit.ly/signNYlabor
- Tips and Taxation | *NY State Department of Labor*
Get online at bit.ly/signNYlabor
- Unemployment Insurance | *NY State Department of Labor*
Get from insurer | Learn more at bit.ly/signNYlabor
- Workers' Compensation | *NY State Department of Labor*
Get from insurer | Learn more at bit.ly/signNYlabor
- Occupational Safety | *US Department of Labor*
Get online at bit.ly/signOSHA
- Right to Know Workplace Hazards | *NY State Dept. Labor*
Get online at bit.ly/signrighttoknow
- Equal Opportunity | *US Department of Labor*
Get online at bit.ly/signequalopp

- Pregnancy Rights | *NYC Human Rights Cmsn.*
Get online at on.nyc.gov/signpregnancy
- Anti-Discrimination | *NY State Department of Labor*
Get online at bit.ly/signNYlabor
- Employment of Ex-Criminals | *NY State (Law 23-A)*
Get online at bit.ly/signNYlabor
- Veterans Benefits | *US Department of Labor*
Get online at bit.ly/signveterans
- Disability Benefits | *US Department of Labor*
Get online at bit.ly/signdisability
- Polygraph Protection Act Notice | *US Department of Labor*
Get online at bit.ly/signpolygraph
- Employee Voting Leave | *NY State Board of Elections*
Get online at bit.ly/signemployeevoting

For Employing Minors

- Permitted Working Hours for Minors | *NY State Dept. Labor*
Buy or make | Learn more at bit.ly/infohireminors
• Create for each employed minor.

For Employing More than 50 People

- Family Medical Leave Act | *US Department of Labor*
Get online at bit.ly/signfamilyleave



WASTE AREAS

For All

- Recycling Instructions | *NYC Department of Sanitation*
Get online at on.nyc.gov/signrecycling
- Private Carter Information and Schedule | *NYC Business Integrity Commission*
Get from waste contractor | Learn more at on.nyc.gov/infowasterecycling

More signs may be needed for your business. Visit us online to learn more. Created jointly by:



MOPD

FOOD SERVICE ESTABLISHMENT

WHEELCHAIR FRIENDLY DECAL

EASY-TO-UNDERSTAND QUESTIONS TO DETERMINE IF YOUR ESTABLISHMENT IS
WHEELCHAIR FRIENDLY

PLEASE USE THE SURVEY INSTRUCTIONS ON THE REVERSE AS A GUIDE

- **IS YOUR ESTABLISHMENT WHEELCHAIR FRIENDLY? If you can answer Yes to all the questions below, you will qualify to receive a Wheelchair Friendly decal, which you can display at the entrance of your food establishment**
 - **IS YOUR MAIN ENTRANCE FLUSH WITH THE SIDEWALK, OR IS THERE A RAMP, LIFT OR OTHER USABLE ENTRANCE?**
 - **IS THE ENTRANCE OPENING 32 INCHES OR LARGER?**
 - **ARE WHEELCHAIR SPACES DISTRIBUTED THROUGHOUT THE SEATING AREA AND IS THERE A LEVEL ROUTE TO THOSE SPACES?**

Yes to All

WAIVER & RELEASE FORM - USE OF MOPD WHEELCHAIR-FRIENDLY LOGO

I hereby voluntarily release, indemnify and hold the City of New York, the City of New York Office of the Mayor, the New York City Mayor's Office for People With Disabilities, the New York City Department of Health & Mental Hygiene, the New York City Community Affairs Unit, and all of their collective officers, agents and employees harmless from any and all liability or costs, including attorney's fees, associated with or arising from any and all liability resulting from or arising out of my answers provided on the Checklist and the display of the MOPD Wheelchair-Friendly logo (the "Logo") on the premises of my establishment.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death which may be suffered as a result of a patron of my establishment's reliance on the display of the Logo, even if caused by the acts or omissions of others.

Print Name of Establishment: _____

Print Address of Establishment: _____

Print Name of Restaurant Owner: _____

Signature of Restaurant Owner: _____ **Dated:** _____

If you qualify, return your completed survey and signed waiver to the **DCA Citywide Licensing Center, 42 Broadway, NY, NY** along with your new permit application documents.

If you are an existing food service establishment permit holder, Call 311 to find out how to obtain this decal.



Online Resources for Opening and Operating a Restaurant or other Food or Beverage Establishment

NYC Department of Health & Mental Hygiene website - <http://www.nyc.gov/health>

NYC DOHMH online licensing and permitting portal - www.nyc.gov/healthpermits

Food Protection Certificate training - <http://www.nyc.gov/healthacademy>

NYC Quick Start (for government navigation) - <http://www.nyc.gov/quickstart>

General information for Food Service Establishment operators - <http://www.nyc.gov/health/foodservice>

Food Protection Training Manual - <http://www.nyc.gov/html/doh/downloads/pdf/rii/fpc-manual.pdf>

NYC Health Code Article 81 - <http://www.nyc.gov/html/doh/downloads/pdf/rii/article81-book.pdf>

NYC Restaurant Owner Manual - <http://www.nyc.gov/html/imm/downloads/pdf/ROM-2013Update.pdf>

Inspection information - <http://www.nyc.gov/html/doh/html/environmental/food-service-inspection.shtml>

Settling violations - <http://www.nyc.gov/html/doh/html/environmental/food-service-violations.shtml>

Call 311 if you need additional information or assistance with applying for a new Food Service Establishment permit.