

Affirmation of Correction: Food Service Businesses

Please note that translated versions of this document are available online for your reference. To cure a violation, please fill out this form in English and list only one violation on each form.

VIOLATION INFORMATION

Summons Number: _____

Provision of Law: _____

Line Item: _____

Violation Code: _____

Inspection Date: _____

Record Number: _____

STATEMENT AND SIGNATURE OF PERSON CERTIFYING CORRECTION OF VIOLATION

I, _____, affirm that I am the: *(check one)*
(Must be the name of an individual do not list a business entity)

Respondent named on the violation (if the respondent is an individual)

Officer, Director, Partner of the named respondent (if the named respondent is a business entity)

Agent of the respondent (attach a notarized authorization letter or Affidavit Granting Authority to Act from the respondent)

My mailing address and contact information is: (insert the certifier's information):

(House Number, Street Name)

(Telephone)

(City, State, Zip Code)

(Email)

(Name of Licensed professional)

(License or Registration Number)

I have personal knowledge that the violating condition has been corrected and have attached documentary proof of correction that describes the steps taken to correct the violating condition. Where plumbing work (water or gas) was performed my submission includes the name of the licensed professional (Master Plumber) who performed or supervised the work, and their license or registration number.

(Signature of person certifying correction of violation)

(Date)

Submission of any false statements may be subject to penalties prescribed for violations of Health Code §3.19 and other applicable law.

To submit this form: Complete it in English. Bring it in to the DOHMH at 125 Worth Street, Floor 10, Room 1020, New York NY 10013, or email to infobfscs@health.nyc.gov with "Proof of Cure - Summons/(Docket number)" in the subject line. Submission may include date/time stamped photographs labeled with the location and the summons number. Photographs of **Before** and **After** must be labeled as such. When submitting this form, remember to include all supporting documents. For interpretation or translation assistance to help understand violation codes or fill out the appropriate forms, restaurants can call 212-676-1600 and mobile food vendors and commissaries can call 212-676-1650.