



**Department of Consumer Affairs**  
Licensing Center

42 Broadway, Lobby  
New York, N.Y. 10004

90-27 Sutphin Boulevard, 4th Floor  
Jamaica (Queens), N.Y. 11435

Phone: 311 for all Licensing Information  
Website: [www.nyc.gov/healthpermits](http://www.nyc.gov/healthpermits)

### 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: New York City Licensing Center

\_\_\_\_\_  
(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., spouse, sister, father, daughter, uncle, cousin, friend)

\_\_\_\_\_  
SIGNATURE  
(Note: This name must match the name on the accompanying utility bill or lease.)

\_\_\_\_\_  
PRINT NAME  
(Note: This name must match the name on the accompanying utility bill or lease)

I \_\_\_\_\_ attest to the truth of the above information.  
Print name of license/permit 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.