



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

Uniform Granting Authority to Act Affirmation

I _____ am the _____
(Applicant Name) (e.g., owner, partner, or corporate officer)

of _____ which is located at
(Name of business or individual as it appears on your Certificate of Authority)

_____ and whose telephone number
(Street Address, Borough, State, and Zip Code)

and email address are _____ and _____.
(Phone No.) (Email Address)

I hereby authorize _____ of _____
(Name of designated Representative) (Representative's business, if applicable)

who maintains an office or resides at _____
(Representative's Street Address, Borough, State, and Zip Code)

and whose telephone number and email address are _____ and
(Representative's Phone No.)

_____ to represent me before the license, permit, or
(Representative's Email Address)

certificate issuing agency in regard to the preparation and submission of an application for the following license(s), permit(s) or certificate(s):

SIGNATURE

PRINT NAME

Date

I understand that I will be legally bound by the representations made in the application and will be held responsible by the Department for any inaccuracies or misrepresentations.
I understand that this affirmation will expire 90 days from the date I sign and date this form.