



**New York City
Department of Health and
Mental Hygiene**

2013

New York City's Licensing and Permitting System User Guide



**Division of Informatics and
Information Technology**

Version 01 – October 21, 2013

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1. Introduction

Welcome to New York City’s Licensing and Permitting System. New York City is pleased to offer our citizens, businesses, and visitors access to government services online, 24 hours a day, 7 days a week. We are delivering powerful e-government services and providing valuable information about the community while making your interactions with us more efficient and convenient.

Department of Consumer Affairs citizen users can search for a Licensee and file a complaint without registering for an account. Applicants and licensees must register and create a user account to use the license/permit online services provided by the New York City Department of Consumer Affairs (DCA) and Department of Health and Mental Hygiene (DOHMH). For in-person services, you can visit the New York City Licensing Center at 42 Broadway, New York, NY 10004.

This portal provides a new, higher level of service that makes living and working in our community a more enjoyable experience. The system is easy to use and includes some exciting features:

- **Create and maintain an account:** Once you sign in and create an account, the system will remember who you are, along with your licensing information. You won’t have to enter license information each time you apply for a license or permit.
- **Apply for new, amend, and renew licenses:** After registration, you can apply for various new licenses or permits, and link to an established license or permit using your PIN to amend or renew that license or permit.
- **Pay violations:** After registration, you can link to an established license or permit using your PIN to pay an outstanding violation online.
- **Save and Resume feature:** You can initiate a license/permit application or renewal, then in a later system session: complete specifics about your business, upload your documents, or pay the fee.
- **Search feature:** You can search for previously entered license/permit applications or renewals. You will be able to view or reprint a summary of the application along with the payment receipt.

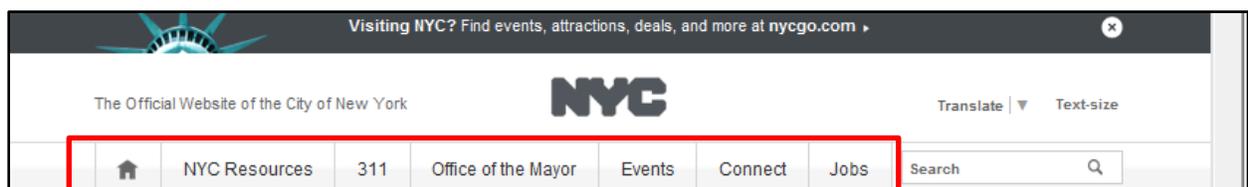
NOTE: Please set your security settings to allow Pop-ups from this site before proceeding.

How to Use this Guide

The information in this guide provides step by step instructions for using the online services available for the Health Department’s Licenses and Permits. The Table of Contents should be used to quickly identify a chapter of interest. Click on a chapter name to jump to the first page of that chapter in this guide.

Navigating the Website

The Official website of NYC includes **Tabs** on the NYC Banner Header at the top of the page:



Home:

Access a variety of information about and services of the City of New York, and the agencies that monitor and provide that information.

NYC Resources:

Search a directory of NYC resources organized by category, agency or program. This is where the public access the NYC Health Licensing application.

311:

Get help in obtaining information on a variety of NYC topics.

Office of the Mayor:

Review the NYC Mayor’s Office current news, information about the mayor, and agency officials.

Events:

Discover new local public events in NYC and search for all public events in NYC.

Connect:

Access the official NYC social media channels and applications for mobile devices.

Jobs:

Learn about popular careers with NYC and browse job postings for open positions in City agencies.

Access NYC DCA and DOHMH Licenses and Permits Login Page

The Official website of **NYC Resources Tab, Business License and Permits** section includes a link for the Licenses and Permits (mylicense) website where the public can access the Department of Consumer Affairs (DCA) and Department of Health and Mental Hygiene (DOHMH) licenses and permits.

The mylicense Login page has four basic sections described below:

- **NYC Banner Header:**

This section of the Login Page contains the Tabs to access 311, the Mayor’s Office, Events, Jobs, and a Search field. The information available in each Tab is provided above.



In the NYC Search field, enter a key word for an item you are looking for on the NYC.gov web site, and click Go. You can return to the Health License and Permit portal.

- **Businesses: Apply, Renew, Amend, Submit Requests, and Make Payments:**

This section of the Login page contains the Login fields, links to Register an Account, reset a Password, links for a Consumer to Search for a License, DOHMH Business links, DCA Business links, and various Quick Links. In this Guide, we will review the functionality of the Health links provided in this section.

Apply, Renew, Amend, Submit Requests, and Make Payments

Submit requests and payments to NYC Department of Consumer Affairs and NYC Department of Health and Mental Hygiene

[Login](#)
[Register I](#)

Search []

[Home](#)

Businesses: Apply, Renew, Amend, Submit Requests, and Make Payments
You can submit applications, payments and other requests to NYC Department of Consumer Affairs (DCA) and NYC Department of Health and Mental Hygiene (DOHMH).
Register your account with us to:
- Apply for new licenses and permits
- Renew your licenses and permits
- Follow the status of your applications
- Review and update your license or permit information
- Pay violations
- Schedule a DCA scale inspection
- Request a DCA adjournment

1. Once you have registered your account, you will need a PIN to submit requests and payments associated with your licenses or permits. If you do not have a PIN and need one, you can:
- Request a PIN [here](#)
- Or call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

Consumers: Check a Business License and File a Complaint
You can:
- Check if a business has a DCA license
- Register an account to file a consumer complaint against a business with DCA

2. For all other complaints, go to [311 Online](#).

3. **Consumer**
[Search for a Licensee](#)

Businesses - DOHMH
[Select an Online Service](#)
[Access My Account](#)

Businesses - DCA
[Select an Online Service](#)
[Access My Account](#)

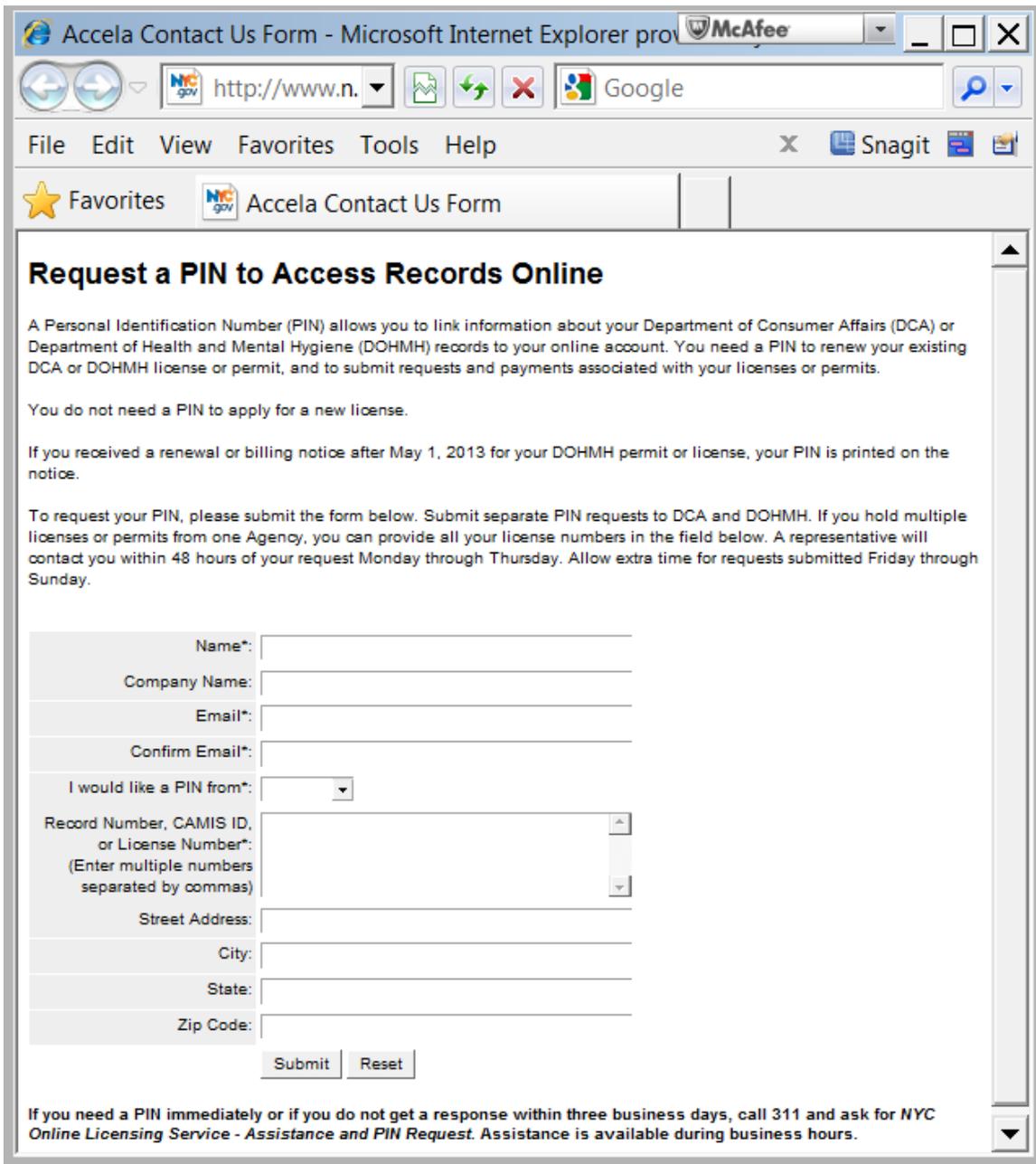
Quick Links
[File a Complaint against a Business with DCA](#)
[Link My Account to my DCA Records](#)
[Link My Account to My DOHMH Records](#)
[Request a DCA Adjournment](#)
[Schedule a DCA Scale Inspection](#)
4. [Schedule a DOHMH Mobile Food Vending Unit Inspection](#)

Login
User Name or E-mail:
Password:
 Remember me on this computer.
[I've forgotten my password.](#)
[New User? Register to get started.](#)

Only the following links can be accessed without logging into the system using a registered account:

1. Click the **Request a PIN** [here](#) link to open the Request a PIN form. Fill in and submit the form below

to receive a Personal Identification Number for an existing Health Department license or permit. After registering for an Account and a PIN, you can access that license or permit online from your account.



Request a PIN to Access Records Online

A Personal Identification Number (PIN) allows you to link information about your Department of Consumer Affairs (DCA) or Department of Health and Mental Hygiene (DOHMH) records to your online account. You need a PIN to renew your existing DCA or DOHMH license or permit, and to submit requests and payments associated with your licenses or permits.

You do not need a PIN to apply for a new license.

If you received a renewal or billing notice after May 1, 2013 for your DOHMH permit or license, your PIN is printed on the notice.

To request your PIN, please submit the form below. Submit separate PIN requests to DCA and DOHMH. If you hold multiple licenses or permits from one Agency, you can provide all your license numbers in the field below. A representative will contact you within 48 hours of your request Monday through Thursday. Allow extra time for requests submitted Friday through Sunday.

Name*:

Company Name:

Email*:

Confirm Email*:

I would like a PIN from*:

Record Number, CAMIS ID, or License Number*:

(Enter multiple numbers separated by commas)

Street Address:

City:

State:

Zip Code:

If you need a PIN immediately or if you do not get a response within three business days, call 311 and ask for NYC Online Licensing Service - Assistance and PIN Request. Assistance is available during business hours.

2. Click the [311 Online](#) link to access the 311 Tab web page to communicate complaints or questions.
3. Click the [Consumer Search for a Licensee](#) link to look up a business to see if it has a DCA license.
4. Click the [Quick Links Schedule a DOHMH Mobile Food Vending Unit Inspection](#) link and submit the request.

MOBILE FOOD VENDING INSPECTION SCHEDULING

* Indicates Required Fields Note: Inspection schedule is only available after 24 hours of the application submission.

Search:

Camis Id/ Accela Id*

- **Need Help?**

This section contains links to access user guides, user videos, frequently asked questions, and other resources to operate the website. In this Guide, we will review the functionality of the Health links provided in this section.

Click a **link** in this section to access the corresponding document or website for more information about using the Health License and Permit functions in this portal. If you cannot find the information you seek, you can **call 311** for Help.

Need Help?

For technical and payment assistance:
Businesses that have technical or payment problems using this online service can call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

For license-specific questions:
Call 311 and identify the license or permit for which you are submitting an online request. You will be routed to the appropriate Agency.

Consumers using this online service to file a complaint can call 311 and ask for "Service Request Status - DCA."

1 DCA Business Toolbox	3 Health Licenses and Permits	5 Health FAQs
2 DCA Consumer Resources	4 Health Getting Started Video	6 Health User Guide

Learn which permits, licenses and regulations matter to you
Use the Requirements Questionnaire to get an exhaustive list of requirements that matter to you. **7**

Any questions or feedback?

For additional information about a specific permit, license, tax or incentive, please call 311 and ask for the issuing agency. For questions or feedback about NYC.gov/Business [Contact us](#) **8**

The following links can be accessed without logging into the system using a registered account:

1. Click the [DCA Business Toolbox](#) link to open the DCA Business Toolbox website.



2. Click the [DCA Consumer Resources](#) link to open the DCA Consumer Resources website.



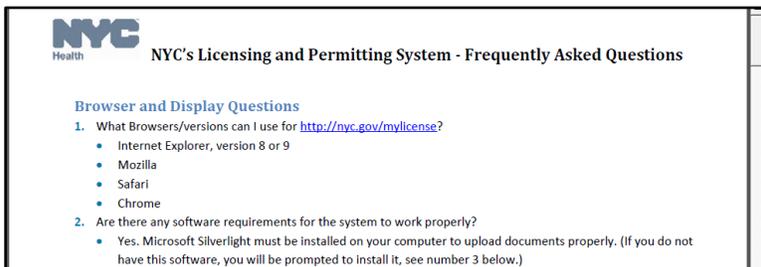
3. Click the [Health Licenses and Permits](#) link to open the DOHMH website.



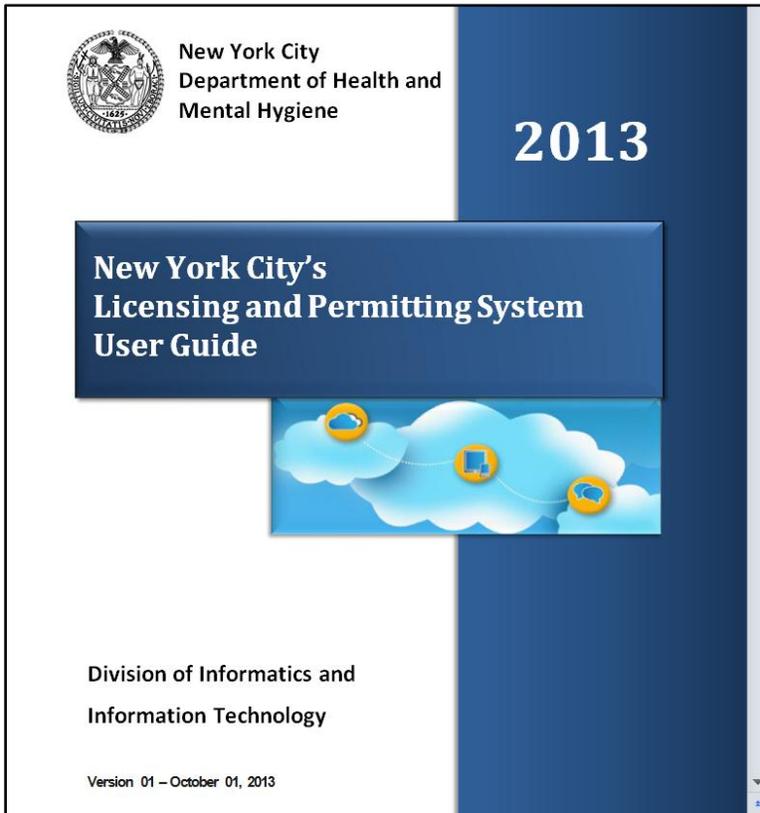
4. Click the [Health Getting Started Video](#) link to open the DOHMH License and Permits Tutorial video.



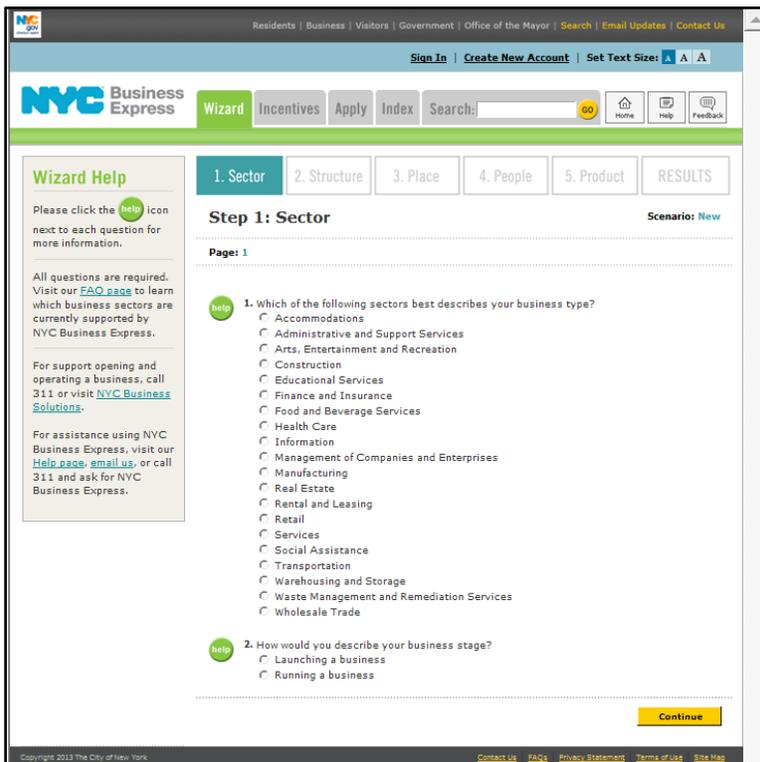
5. Click the [Health FAQs](#) link to open the DOHMH Frequently Asked Questions document.



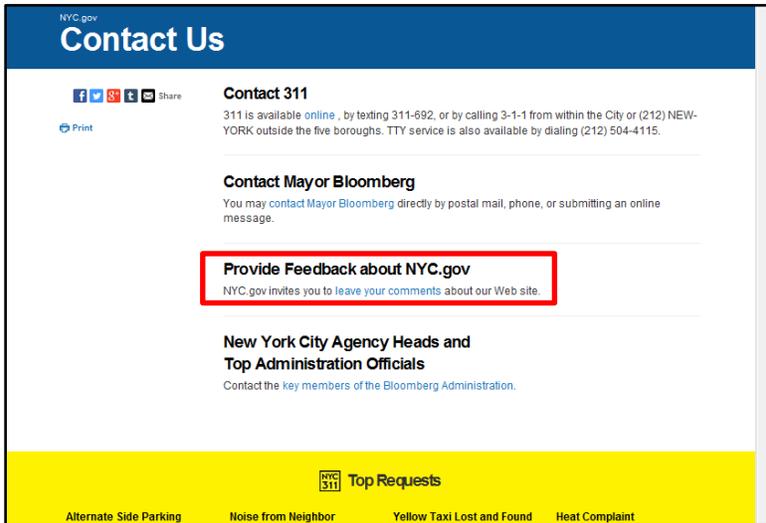
6. Click the [Health User Guide](#) link to open the DOHMH License and Permits User Guide document.



7. Click the [Start the Requirements Questionnaire](#) to open the [Business Express](#) web page.

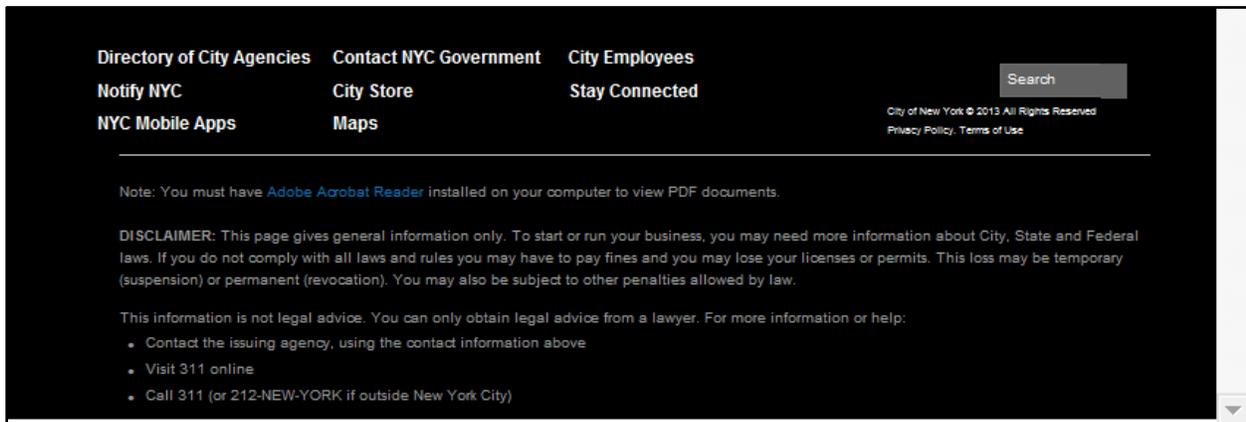


- Click **Contact us** to open the **Contact Us** web page which offers links to access 311 for information, contact the Mayor directly, Provide Feedback about the NYC.gov website, and contact key members of the mayor’s Administration.



- **NYC Banner Footer:**

This section contains additional frequently used links, a disclaimer statement and a **Search** button.



2. Account Registration

In order to pay a violation, apply for and renew licenses or permits through the system, you must first register for an account. Registering is easy and will help you track your licenses or permits using the system. To open an account, you will need the following information:

- A user name and password
- Personal and Contact Information

Step 1: Register Link

Apply, Renew, Amend, Submit Requests, and Make Payments

Submit requests and payments to NYC Department of Consumer Affairs and NYC Department of Health and Mental Hygiene

The screenshot shows the website's main interface. At the top right, there is a 'Login' section with a 'Register' link highlighted by a red box and a red arrow pointing to it. Below this is a search bar. In the center, there is a 'Home' button. The main content area is titled 'Businesses: Apply, Renew, Amend, Submit Requests, and Make Payments'. It includes a list of services and a list of actions for registered users. On the right side, there is a 'Login' form with fields for 'User Name or E-mail:' and 'Password:', a 'Login' button, and a 'Remember me on this computer.' checkbox. Below the login form, there is a link for 'I've forgotten my password.' and a link for 'New Users? Register to get started.' highlighted by a red box and a red arrow pointing to it. At the bottom, there are sections for 'Consumer' and 'Businesses - DOHMH' with various links, and a 'Quick Links' section with several links.

To register for an account:

1. On the **Login** page, click the Register link at the top of the page, or New Users: Register for an Account.

Step 2: Accept Terms

General Disclaimer

You must provide the following information to open an account:

- User Name and Password
- Contact Information

Please review and accept the terms below to proceed.

General Disclaimer

On this website you can get general information about City services and submit information to relevant City agencies.

Businesses operating in New York City must comply with all federal, state, and City laws and rules. Businesses are responsible for knowing and complying with current regulations. This site does not provide comprehensive information regarding all regulations that may affect a business. To find additional regulatory information for your business, please use these links to search for [New York City](#), [State](#), and [Federal](#)

I have read and accepted the above terms described in the General Disclaimer.

Continue >

Read and accept the General Disclaimer terms:

1. Mark the check box and click the Continue button.

Step 3: Login Information

Login Information is used for gaining access to the system.

NOTE: For the examples in this Registration section, the account name: “ShelbyCitizen” is used.

Enter Your Account Information * indicates a required field.

Login Information

* User Name: ? **Help** x

User Name: Required Field. Must be 4-50 characters and may contain letters, numbers, and these special characters: @ _ -."

* E-mail Address:

* Password: ?

* Type Password Again:

* Select a Security Question: ?

* Answer to Security Question: ?

To enter Login Information:

1. Enter user name, e-mail address, password, and select a security question and answer, as indicated.

NOTE: Click a question mark ? to display help for that field.

NOTE: User names are 4-50 characters and may contain letters, numbers and the special characters: at sign

@, underscore _, and dash -. Passwords are 8-21 characters long.

NOTE: Your E-mail address must be unique to the system as it also can be used to login.

NOTE: If you forget your password, click the link: [I've forgotten my password](#) on the Login page. You will need to correctly answer the security question to have the system send you an e-mail with your new password. Passwords can be changed at any time using the [Account Management](#) link. Changing the password regularly is a good security measure to limit access to your account.

Step 4: Contact Information

Contact Information is used to identify the type of account as a business or individual owner's account.

Contact Information

If you need to change your name, you must submit a formal change request to the Agency. You cannot use the Account Registration form to change Contact Information with an Agency.

* Are you registering as an individual or for your business? ?

Individual

* First: Middle: * Last:

Shelby Citizen

Phone 1: Phone 2: Fax:

212-925-0088

E-mail address TTY Phone:

ShelbyCitizen@hotmail.com

To enter Contact Information:

1. Select **Business Information**, if you are registering on behalf of a company. – **or** – Select **Individual Owner**, if you are registering on behalf of yourself as the business owner.
2. For Business Information: Enter Name of Business, and DBA/Trade Name. – **or** – For Individual Owners: Enter Contact First, Middle, and Last Name.
3. Enter additional information.
4. Click Continue.

A message confirms that **your account has been successfully created** along with your account and contact information. This page can be printed by right clicking your mouse and selecting Print on the menu list. Click the **Continue...** link to access the Login Page.

Congratulations. You have successfully created an account with the City of New York. You will receive confirmation by e-mail.

 Reminder for Businesses: If you are a current license/permit holder, you must use your PIN to link your account to your record before you can submit requests and payments.

Continue...

Your Account Information

User Name:	ShelbyCitizen
E-mail:	ShelbyCitizen@hotmail.com
Password:	*****
Security Question:	What is the name of your first pet?

Your Contact Information

Shelby Citizen	Phone 1:	
ShelbyCitizen@hotmail.com	Work Phone:	
	Mobile Phone:	
	Fax:	

You will be redirected to the system's Login page. Enter your User Name and Password. Click **Login**.

i **Notice:**
Please login or register to continue.

Businesses: Apply, Renew, Amend, Submit Requests, and Make Payments

You can submit applications, payments and other requests to NYC Department of Consumer Affairs (DCA) and NYC Department of Health and Mental Hygiene (DOHMH).

Register your account with us to:

- Apply for new licenses and permits
- Renew your licenses and permits
- Follow the status of your applications
- Review and update your license or permit information
- Pay violations
- Schedule a DCA scale inspection
- Request a DCA adjournment

Once you have registered your account, you will need a PIN to submit requests and payments associated with your licenses or permits. If you do not have a PIN and need one, you can:

- Request a PIN [here](#)
- Or call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

Consumers: Check a Business License and File a Complaint

You can:

- Check if a business has a DCA license
- Register an account to file a consumer complaint against a business with DCA

For all other complaints, go to [311 Online](#).

Login

User Name or E-mail:

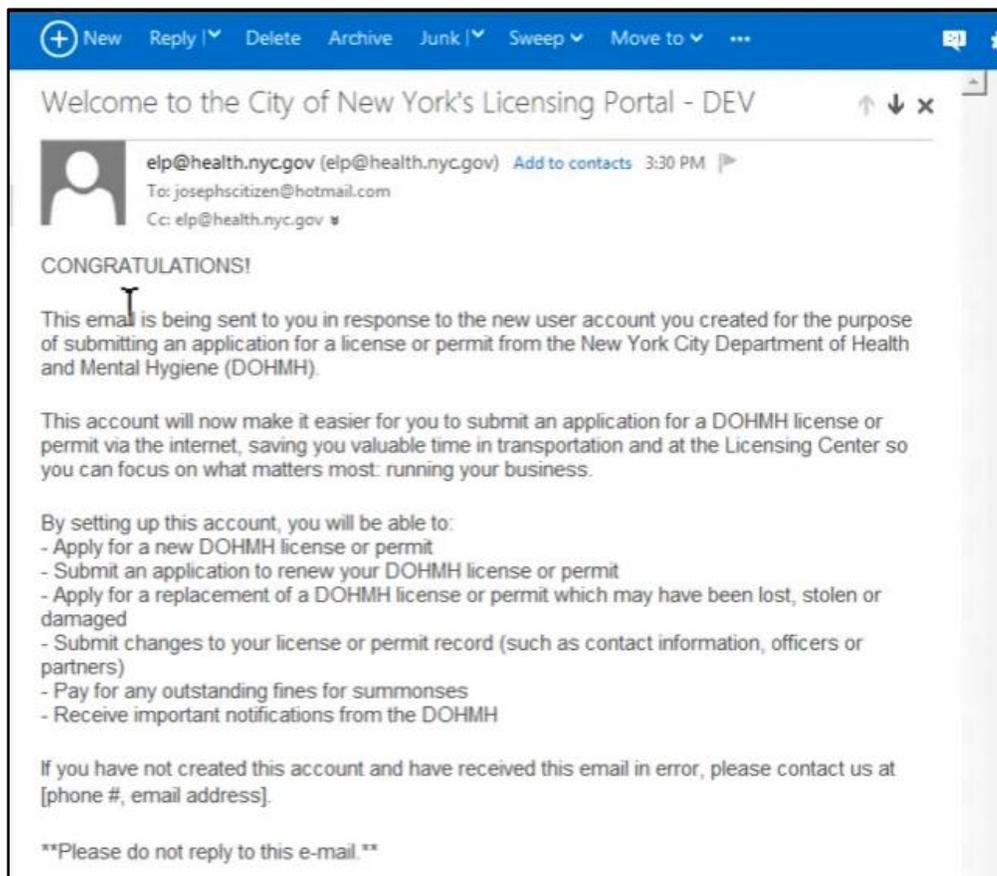
Password:

Login >

Remember me on this computer.

[I've forgotten my password.](#)
[New User? Register to get started.](#)

You will receive a Welcome e-mail. You can now apply for and renew licenses/permits on-line.



NOTE: If you are a current licensee: to pay a violation fee, see [Chapter 7. Paying a Health Violation or an Adjudication/Settlement Fine](#), or to register a PIN, see [Chapter 10. Link to an Existing License](#).

3. Apply for a New DOHMH License/Permit

The following are the steps you will go through each time you apply for a new Department of Health and Mental Hygiene (DOHMH) license or permit.

NOTE: For further examples in this Guide many fictitious account names are used.

Use the following steps to file a new application for a DOHMH license or permit:

1. Login
2. [Apply Now](#)
3. Accept Terms
4. Select License/Permit Type
5. Establishment Address
6. Contact Information
7. Application Information (if applicable)
8. Upload Documents

9. Review
10. Pay Fees
11. Complete

Step 1: Log In

Log in to the system using the **Login** page.

Businesses: Apply, Renew, Amend, Submit Requests, and Make Payments

You can submit applications, payments and other requests to NYC Department of Consumer Affairs (DCA) and NYC Department of Health and Mental Hygiene (DOHMH).

Register your account with us to:

- Apply for new licenses and permits
- Renew your licenses and permits
- Follow the status of your applications
- Review and update your license or permit information
- Pay violations
- Schedule a DCA scale inspection
- Request a DCA adjournment

Once you have registered your account, you will need a PIN to submit requests and payments associated with your licenses or permits. If you do not have a PIN and need one, you can:

- Request a PIN [here](#)
- Or call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

Consumers: Check a Business License and File a Complaint

You can:

- Check if a business has a DCA license
- Register an account to file a consumer complaint against a business with DCA

For all other complaints, go to [311 Online](#).

Login

User Name or E-mail:

Password:

Remember me on this computer.

[I've forgotten my password.](#)
[New User? Register to get started.](#)

To Login from the Login page:

1. Enter your registered user name or email address.
2. Enter your registered password. Click the Login button. The **Welcome** page displays.

NOTE: The password information is case sensitive, so make sure to input the information exactly as you registered for your account. If you forgot your password see [Chapter 9. Forgetting Your Password.](#)

Step 2: Apply Now

The **Welcome** page displays **Businesses - DOHMH** links:

1. Select an Online Service: Choose this to apply for a new DOHMH license or permit, or to link an existing DOHMH license or permit to your account using the PIN letter sent to you for that license or permit.
2. Access My Account: Choose this to pay for DOHMH violations, renew or amend current DOHMH licenses or applications.

NOTE: If you are a current DOHMH licensee: to pay a violation fee, see [Chapter 7. Paying a Health Violation or an Adjudication/Settlement Fine](#), or to register a PIN, see [Chapter 10. Link to an Existing License](#).

Home

Welcome **Rahul Bhosle**

You are now logged in.

Businesses:

To apply for a license or permit, go to [DCA Business Toolbox](#) or [Health Department Licenses and Permits](#) to read requirements, then continue to online applications.

Select **Access My Account** below to:

- Renew and amend licenses once you have linked your licenses with a PIN
- Access saved applications
- Pay for violations once you have linked your licenses or permits with a PIN

PLEASE NOTE: If you are renewing, amending, or paying for a violation, you will first need to link your license or permit to your account with your PIN. If you do not have a PIN and need one, you can:

- Request a PIN [here](#)
- Or call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

Consumers

[Search for a DCA Licensee](#)

Businesses - DOHMH

[Select an Online Service](#)

[Access My Account](#)

Businesses - DCA

[Select an Online Service](#)

[Access My Account](#)

Quick Links

[File a Complaint against a Business with DCA](#)

[Link My Account to my DCA Records](#)

[Link My Account to My DOHMH Records](#)

[Request a DCA Adjudgment](#)

[Schedule a DCA Scale Inspection](#)

[Schedule a DOHMH Mobile Food Vending Unit Inspection](#)

To Apply for a New License or Permit:

1. On the Welcome page, click the **Businesses - DOHMH** link: [Select an Online Service](#).

Step 3: Agree to Terms

The **Online Services Affirmation** page displays the terms for applying for licenses or permits.

To Apply for a New License or Permit:

1. On the **Online Services Affirmation** page, read the terms.
2. Mark the “I have read and accepted the above terms.” check box.
3. Click the Continue button.

NOTE: You will need to do this each time you apply.

Logged in as **Rahul Bhosle** | [Collections \(0\)](#) | [Account Management](#) | [Logout](#)

[Home](#)

Online Services

Welcome. Using the City's online services, you can submit requests and payments, track the status of requests, and print your final records ... from anywhere, 24 hours a day.

Please **"Allow Pop-ups from This Site"** before proceeding. You must accept the Affirmation below before beginning your request.

Read this section if you are filing a complaint or requesting an inspection or adjournment:

By checking the box below and continuing, I affirm that I will submit a request that is true, correct, and complete.

Read this section if you are applying, renewing, or amending licenses/permits:

I am authorized to complete and submit this application and all attachments

I have read and accepted the above terms.

Continue

Step 4: Select License/Permit Type

On the list displayed, new applicants type a key word in the text box and click search, then scroll down the drop-down list and select the check box for the desired type of license/permit.

Current licensees will select the check box for “**Link an Existing License to your Account with your PIN” to associate their login information to their existing license number on the system’s database.

To select a License Type:

1. Type a key word in the Search field, click the Search button. The licenses/permits list redisplay.
2. Mark the check box on the left of the desired title.
3. Click the Continue button. The **Establishment Address** page displays.

NOTE: For filing a new application, select only one title on the alphabetized **HEALTH** licenses/permits list.

Link an Existing License or Apply for a New License

PIN Holders:
If you have received a PIN and seek to link your license to your account, please select “**Link an Existing License to your Account with your PIN” and click “Continue.” This will allow you to link your licenses to your account so that you may renew or amend your information.

Current Licensees:
If you have already linked your license to your account with a PIN, and wish to amend or renew your license, please click on the “Home” tab above, and from the “Home” page, click on “Access My Account”.

New Applicants:
If you are applying for a new license, please select your license from the choices below and click “Continue.”

1.

2. **HEALTH**

- Food Service Establishment (general - e.g. restaurants or cafes or bars. etc.)** ←
- Food Service Establishment (general - e.g. restaurants or cafes or bars. etc.): Also Manufactures Frozen Desserts
- Food Service Establishment: NYC Dept of Correction
- Food Service Establishment: Day Care
- Food Service Establishment: Dept of Health Contracted Facility
- Food Service Establishment: Emergency Food Relief Organization/Soup Kitchen
- Food Service Establishment: Fraternal/Charitable Organization/ Member Group Less Than 1 x Week
- Food Service Establishment: Fraternal/Charitable Organization/ Member Group More Than 1 x Week
- Food Service Establishment: Frozen Dessert Manufacturer (Retail)
- Food Service Establishment: Frozen Dessert Manufacturer (Retail) Fee Exempt
- Food Service Establishment: Group Home
- Food Service Establishment: Mobile Food Vending Depot/Commissary

3.

Step 5: Establishment Address

The new application page is formatted so that the type of license/permit application displays above the remaining 7 primary steps needed to complete the new application.



An establishment address where the business will operate must be a valid US Postal Address. Enter data in all required fields (those marked by a * **red asterisk**) and any optional fields.

Establishment Address

Enter address where business will operate and select the **Validate** button. For Rental Horse License, please enter stable address.

*Building #: *Street 1:

Street 2:

Unit Type: Unit:

*City: *State: *Zip:

*Address Type: *Borough:

BIN: BBL:

CommunityDistrict: CouncilDistrict:

HouseNumber: PolicePrecinct:

To enter an Establishment Address:

- a. For **Building #**: Enter the exact building number.
- b. For **Street 1**: Type the street name.
- c. For **Unit Type**: Select the type (if known).
- d. For **Unit**: Enter the unit number (if known).
- e. For **City**: Type the city name.
- f. For **State**: Select the state from the drop-down list.
- g. For **Zip**: Enter the zip code (if known).
- h. For **Address Type**: Select an address type from the drop-down.
- i. For **Borough**: Select a borough from the drop-down list.
- j. Click the **Validate** button. The **Establishment Address** page re-displays. (Click **Clear** to re-enter.)

NOTE: For best results when entering an address, spell out the words “North”, “South”, “East”, and “West”.

When the zip code field is left blank, the validate function supplies a valid zip code for the address. If the building #, floor/unit and unit type are left blank, the validate function may retrieve multiple addresses for the street name, city and state entered. Click an address link to select the address desired from the list of addresses displayed.

If the validate function cannot locate the address entered, a “No records found” error message displays in the Address list. Click the Clear button to blank out the fields, re-enter the correct information, and click the Validate button. Repeat as often as necessary to enter a US Post Office valid mailing address.

Establishment Address

Enter address where business will operate and select the **Validate** button. For Rental Horse License, please enter stable address.

*Building # *Street 1:

Street 2:

Unit Type: Unit

*City: *State: *Zip:

*Address Type: *Borough:

BIN: BBL:

CommunityDistrict: CouncilDistrict:

HouseNumber: PolicePrecinct:

91 search results returned matching your address
Click any of the results below to view more details.
Showing 1-10 of 91

Address	City	State	Zip	Parcel	Owner
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 1B, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 1C, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 1D, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 1E, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 1F, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 1G, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 2A, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 2B, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 2C, APT					
121 E 31ST ST, NEW YORK, NY, NEW YORK	NEW YORK	NY	10016-6835		
10016-6835, 2D, APT					

< Prev 1 2 3 4 5 6 7 8 9 10 Next >

Save and resume later:

When the validate function locates the address entered, the fields appear in gray.

Food Service Establishment (general)

1 Establishment Address 2 Application Contacts 3 Application Information 4 Upload Documents 5 Review 6 7

Step 1 : Establishment Address > Establishment Information

* indicates a required field.

Establishment Address

Enter address where business will operate and select the **Validate** button. For Rental Horse License, please enter stable address.

*Building #: 121 *Street 1: E 31ST ST

Street 2:

Unit Type: APT Unit: 1B

*City: NEW YORK *State: NY *Zip: 10016-6835

*Address Type: Complete Address *Borough: Manhattan

BIN: BBL:

CommunityDistrict: CouncilDistrict:

HouseNumber: PolicePrecinct:

Validate Clear

Continue

Save and resume later:

k. Once the desired address is displayed, click the Continue button. The **Application Contacts** page opens.

NOTE: You can click the Save and resume later icon button to create a partial application. A message displays “Your partial application (99 TMP-999999) has been successfully saved”. Use this temporary record number to resume the application entry when you return to the system.

Home

Your partial application (13TMP-004179) has been successfully saved.
To resume this application, go to the My Account section and click the Resume Application link.

My Account

Please select an action from the below list

Showing 1-10 of 100+ | [Add to collection](#)

<input type="checkbox"/>	Record Number	Record Type	Status	Action
<input type="checkbox"/>	41603766	DOHMH/H25/FS/License	Current	Amendment
<input type="checkbox"/>	13TMP-004179	Food Service Establishment (general)	Renewal - Deferred Payment	Resume Application
<input type="checkbox"/>	APP-2013-0001502	Food Service Establishment (general)	Rcvd - additional info reqd	
<input type="checkbox"/>	50001888	Food Service Establishment (general) License	Rcvd - additional info reqd	
<input type="checkbox"/>	13TMP-003947	Food Service Establishment (general)		Resume Application
<input type="checkbox"/>	APP-2013-0001475	Barber Shop	Pending Application	
<input type="checkbox"/>	50001863	Barber Shop License	Pending Application	
<input type="checkbox"/>	APP-2013-0001474	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/>	50001862	Food Service Establishment (general) License	Pending Application	
<input type="checkbox"/>	APP-2013-0001472	Barber Shop	Pending Application	

< Prev 1 2 3 4 5 6 7 8 9 10 ... Next >

Step 6: Contact Information

Contact information is the next step in the application process. A contact may be any significant person involved in the application process, including the applicant, the owner and legal contacts.

Food Service Establishment (general)

1 Establishment Address 2 Application Contacts 3 Application Information 4 Upload Documents 5 Review 6 7

Step 2 : Application Contacts > Enter Information

The contacts you provide depend on whether you are applying for a license/permit as an Individual Owner or Business (Corporation, Partnership, Limited Partnership, Limited Liability Company, or Not-for-Profit):

- To apply as a Business, select “Business Information” as the Type of Contact.
- To apply as an Individual, select “Individual Owner” as the Type of Contact.

The page reformats once the contact type is selected. Complete the available fields.

Businesses can provide a complete list of the responsible individuals within their organization by selecting “Other Contact” as the Type of Contact and completing the required fields that appear.

All applicants should identify an Emergency Contact: a different individual to be contacted in the event of an emergency. Select “Designated Emergency Contact” as the Type of Contact and complete the required fields that appear.

* indicates a required field.

Application Contacts

Applying as a Corporation, Partnership, or Not-for-Profit?

Select "Business Information" as your Type of Contact and complete the required fields.

Businesses also have the opportunity to provide a complete list of the responsible individuals within their organization. To add each individual's information to your application, please select "Other Contact" as the Type of Contact and complete the required fields that appear.

Applying as an Individual or Sole Proprietorship?

Select "Individual Owner" as your Type of Contact and complete the required fields that appear.

Emergency Contact?

Unless a "Designated Emergency Contact" is specified, the applicant will be assumed to be the Emergency Contact. To identify someone other than the applicant to be contacted in the event of an emergency, please select "Designated Emergency Contact" as the Type of Contact and complete the required fields that appear.

The examples below show entries for both Types of Contact: Individual Owner and Business. A Designated Emergency Contact can be added. A Business can add Other Contacts.

- **Type of Contact: Individual Owner**

To enter an Individual Owner Type of Contact:

1. For the * **Type of Contact** drop-down list, select Individual Owner. The page refreshes to display the fields for an Individual Owner.
2. The * **Legal Structure** defaults to "Individual Owner".
3. Enter data in all required contact fields (those marked by a * **red asterisk**) and any optional fields.

NOTE: The NYS Sales Tax ID # must be for the establishment address entered on the application.

Contact List
Showing 0-0 of 0

Full Name	Business Name	Contact Type	E-mail	Action
No records found.				

Add Contact [Import All Associated Contacts](#)
 Auto-fill with Joseph Citizen

* **Type of Contact:** ? Individual Owner

 * **Legal Structure:** Individual Owner

* **First Name:** Joe

 * **Last Name:** Citizen

Title: President

 * **E-mail address:** JosephCitizen@hotmail.com

* **SSN/ITIN:** 123-45-6789

 Did you enter SSN or ITIN?: * SSN

* **NYS Sales Tax ID #:** 212123456 ?

 Are you the Individual whose information is listed above?: * Yes

* **Phone Number:** 800-925-0000

 TTY Phone:

Date of Birth: 09/24/1962 ?

 Gender: Female Male ?

Primary Language: English

 DBA/Trade Name: Josephs

The Contact Address is not required if their address is the same as the establishment address; but you may include a mailing address for this contact.

To enter a Contact Address:

1. For the * **Address Type** drop-down list: Select Home or Mailing.
2. For **Building #**: Enter the building number of the address.
3. For **Street 1**: Enter the street name.
4. For **Apt/Suite/Other**: Enter the number (if known).
5. For **Street2**: Enter additional needed address information
6. For **City**: Type the city name.
7. For **State**: Type the state two character standard state abbreviation.
8. For **Zip**: Enter the zip code (if known).
9. For **Country**: Select a country from the drop-down list.
10. Click the Save Address button.

NOTE: For best results when entering an address, spell out the words “North”, “South”, “East”, and “West”.

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)

Showing 0-0 of 0

Address Type	Address	Action
No records found.		

▼ Add Contact Address

Contact Address

Address Type: Home

Building #: 114 Street 1: Sullivan Street

Apt/Suite/Other: 1A

Street 2:

City: New York State: NY ZIP Code: 10012-

Country: United States

Save Address Cancel Clear

11. If the address is found on the Post Office address list, a pop-up window displays.

Matching Address Results

Showing 1-1 of 1

House # Alpha (start)	Street Name	Address Line 1	Unit Type	Unit # (start)
110	SULLIVAN ST	SULLIVAN ST	APT	4G

Select Skip

To select an address on the **Matching Address Results**, click the radio button for the desired address, and click the Select button. The address selected updates the Contact Address List.

12. The **Contact Address** page re-displays.
13. Click the Save Address button. If saving address is not successful, re-enter the fields.
14. When the address is added successfully, a confirmation message appears and the address displays on the Contact Address List.

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)

✓ Contact address added successfully.

Showing 1-1 of 1

Address Type	Address	Action
Home	SULLIVAN STREET	Actions ▼ Edit Remove Set As Primary

15. To modify the address, select an action (Edit, Remove, Set as Primary) on the Actions drop-down.
16. To save the Contact information, scroll to the bottom of the Contact List section. Click Save.

Save Cancel Clear

17. When the contact is added successfully, the contact displays on the Contact List.

Contact List

✓ Contact added successfully.

Showing 1-1 of 1

Full Name	Business Name	Contact Type	E-mail	Action
Joe Citizen		Individual Owner	JosephCitizen@hotmail.com	Edit Delete

18. To modify the contact, click an action link (Edit or Delete) in the Actions column.

- **Type of Contact: Designated Emergency Contact**

Contact List

✓ Contact added successfully.

Showing 1-1 of 1

Full Name	Business Name	Contact Type	E-mail	Action
Joe Citizen		Individual Owner	JosephCitizen@hotmail.com	Edit Delete

▼ Add Contact Import All Associated Contacts

Auto-fill with []

*Type of Contact: Designated Emergency Contact

*First Name: David *Last Name: Citizen

*Phone Number: 212-925-0000 *E-mail address*: David@hotmail.com

To enter a Designated Emergency Type of Contact:

1. If Type of Contact drop-down is not visible, click the Add Contact link to display the field.

2. For the * **Type of Contact**, select Designated Emergency Contact. The page refreshes.
 3. Enter data in all required contact fields (those marked by a * **red asterisk**) and any optional fields.
- NOTE:** The mailing address is not required; but you may include a mailing address for this contact.
4. Click the [Add Contact Address](#) link to display the Contact Address fields (if not displayed).
 5. Enter the required and optional Address fields.
- NOTE:** For best results entering an address, spell out the words “North”, “South”, “East”, and “West”.
6. Click the Save Address button.
 7. If the address is found on the Post Office address list, a pop-up window displays.
 8. To select an address on the **Matching Address Results**, click the radio button for the desired address, and click the Select button. The address updates the Contact Address.

Contact List
✔ Contact added successfully.

Showing 1-1 of 1

Full Name	Business Name	Contact Type	E-mail	Action
Joe Citizen		Individual Owner	JosephCitizen@hotmail.com	Edit Delete

▼ [Add Contact](#) [Import All Associated Contacts](#)

Auto-fill with Joseph Citizen

* Type of Contact: Designated Emergency Contact ?

* First Name: David * Last Name: Citizen

* Phone Number: 212-925-0000 E-mail address: david@hotmail.com

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)
✔ Contact address updated successfully.

Showing 1-1 of 1

Address Type	Address	Action
Mailing	SULLIVAN ST	Actions ▼

9. The **Contact Address** page refreshes. **NOTE:** If saving address is not successful, re-enter the fields.
10. To save the Contact information, scroll to the bottom of the Contact List section, and click Save.

Save
Cancel
Clear

11. When the contact is added successfully, the contact appears on the Contact List.

Contact List
✔ Contact added successfully.

Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
Joe Citizen		Individual Owner	JosephCitizen@hotmail.com	Edit Delete
David Citizen		Designated Emergency Contact	david@hotmail.com	Edit Delete

12. To modify the contact, click an action link (Edit or Delete) in the Actions column.

- **Type of Contact: Business Information**

To enter a Business Information Type of Contact:

1. If Type of Contact drop-down is not visible, click the [Add Contact](#) link to display the field.
2. For the * **Type of Contact** drop-down list, select Business Information. The page refreshes.
3. For the * **Legal Structure** drop-down list, select the appropriate type of business (Corporation, Partnership, Limited Partnership, Limited Liability Company, or Not-for-Profit).
4. Enter data in all required contact fields (those marked by a * **red asterisk**) and any optional fields.

Contact List
✔ Contact added successfully.

Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
Joe Citizen		Individual Owner	JosephCitizen@hotmail.com	Edit Delete
David Citizen		Designated Emergency Contact	david@hotmail.com	Edit Delete

▼ [Add Contact](#) [Import All Associated Contacts](#)

Auto-fill with Joseph Citizen

* **Type of Contact:** ?
Business Information

Legal Structure:*
Corporation

* **Establishment Name** ?
Restaurant Associates

DBA/Trade Name:
Joseph's

NYS Sales Tax ID #:* ?
212123456

Are you a corporation formed outside of New York state?:*
No

* **First Name:** Joseph

* **Last Name:** Citizen

Title: Executive Vice-President

* **E-mail address** JosephCitizen@hotmail.com

SSN/ITIN 272-88-4179

Did you enter SSN or ITIN?:* ITIN

* **Phone Number:** 800-925-0000

TTY Phone:

Date of Birth: 09/24/1962 ?

Gender: Female Male

Are you the Individual whose information is listed above?:*
Yes

5. The mailing or home address is not required; but you may include it. To enter an address for this contact, click the [Add Contact Address](#) link to display the entry fields (if not visible).

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)

Showing 0-0 of 0

Address Type	Address	Action
No records found.		

▼ Add Contact Address

Contact Address

Address Type:
Mailing

Building #: 110 Street 1: Sullivan Street

Apt/Suite/Other:
3H

Street 2:

City: New York State: NY ZIP Code: 10012-

Country: United States

Save Address Cancel Clear

6. Enter the address fields. Click the Save Address button. If the address is found on the Post Office reference table, a window pops up.

NOTE: For best results entering an address, spell out the words “North”, “South”, “East”, and “West”.

7. Select the desired address on the **Matching Address Results**, and click the Select button.

8. If saving the contact address is not successful, re-enter the fields.

9. To save the Contact information, scroll to the bottom of the Contact List section. Click Save.

Save Cancel Clear

10. A message confirms that the contact was added successfully, and it appears on the Contact List.

Contact List

✓ Contact added successfully.

Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
David Citizen		Designated Emergency Contact	david@hotmail.com	Edit Delete
Joseph Citizen	Restaurant Associates	Business Information	JosephCitizen@hotmail.com	Edit Delete

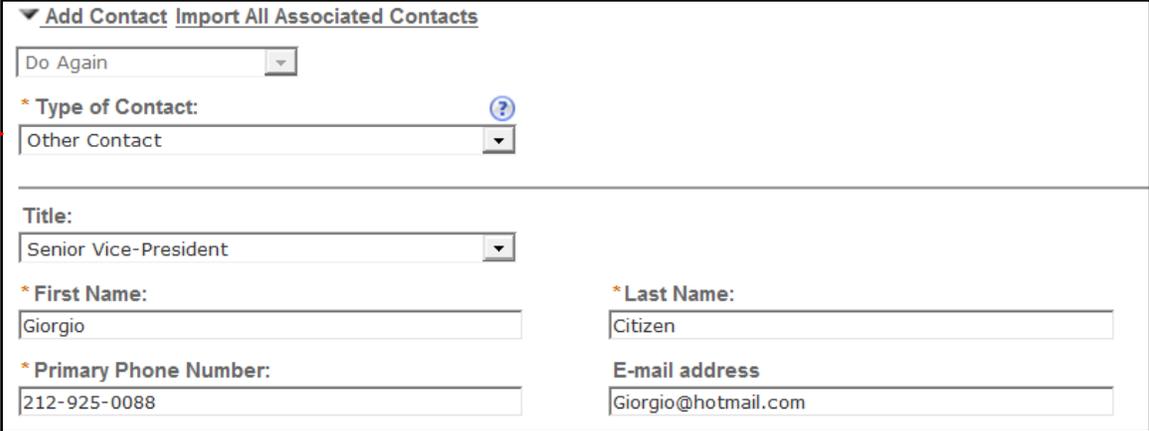
11. To modify the contact, click an action link (Edit or Delete) in the Actions column.

- **Type of Contact: Other Contact**

To enter an Other Type of Contact:

1. If Type of Contact drop-down is not visible, click the Add Contact link to display the field.

2. For the * **Type of Contact** drop-down list, select Other Contact. The page refreshes to display the fields for an Other Contact.
3. For the * **Title** drop-down list, select the appropriate business title.
4. Enter data in all required contact fields (those marked by a * **red asterisk**) and any optional fields.



▼ [Add Contact](#) [Import All Associated Contacts](#)

Do Again

* **Type of Contact:**

Title:

* **First Name:** * **Last Name:**

* **Primary Phone Number:** **E-mail address**

5. The mailing or home address is not required; but you may include it. To enter a mailing address for this contact, click the [Add Contact Address](#) link to display the entry fields (if not visible).

Contact Address List (*Add a Mailing Address below, if different from the Establishment Address provided*)

Showing 0-0 of 0

Address Type	Address	Action
No records found.		

▼ [Add Contact Address](#)

Contact Address

Address Type:

Building #: Street 1:

Apt/Suite/Other:

Street 2:

City: State: ZIP Code:

Country:

6. Enter the address fields. Click the Save Address button. If the address is found on the Post Office reference table, a window pops up.

NOTE: For best results when entering an address, spell out the words “North”, “South”, “East”, and “West”.

7. Select the desired address on the **Matching Address Results**, and click the Select button.

- To save the Contact information, scroll to the bottom of the Contact List section. Click Save.



- A message confirms that the contact was added successfully, and it appears on the Contact List.

Contact List
Contact added successfully.

Showing 1-3 of 3

Full Name	Business Name	Contact Type	E-mail	Action
David Citizen		Designated Emergency Contact	david@hotmail.com	Edit Delete
Joseph Citizen	Restaurant Associates	Business Information	JosephCitizen@hotmail.com	Edit Delete
Giorgio Citizen		Other Contact	Giorgio@hotmail.com	Edit Delete

- To modify the contact, click an action link (Edit or Delete) in the Actions column.
- Since the system does not allow both an Individual Owner and Business Information on the same application, we deleted the Individual Owner from this example. A message confirms the deletion.

Contact List
Contact removed successfully.

- Entering Multiple Contacts**

The page refreshes when the Save button is clicked. Contacts entered appear on the Contact List. The fields are cleared and available for you to enter another contact.

Contact List
Contact added successfully.

Showing 1-3 of 3

Full Name	Business Name	Contact Type	E-mail	Action
David Citizen		Designated Emergency Contact	david@hotmail.com	Edit Delete
Joseph Citizen	Restaurant Associates	Business Information	JosephCitizen@hotmail.com	Edit Delete
Giorgio Citizen		Other Contact	Giorgio@hotmail.com	Edit Delete

[Add Contact](#) [Import All Associated Contacts](#)

To enter an additional Contact:

- Click the [Add Contact](#) link to display the Type of Contact drop-down field, if not visible.
- For the *** Type of Contact**, select an item the drop-down list. Fields display for this contact type.
- For the type of contact selected, follow instructions above to enter data in all required contact fields (those marked by a *** red asterisk**) and any optional fields.

- **Email Affirmation**

The **Email Affirmation** section asks the user to confirm that the main means of communication with the NYC Department of Health would be by e-mail to the applicant’s primary Contact e-mail address.

Email Affirmation

EMAIL AFFIRMATION

* I agree to receive all official notices from the Department of Health only by email at the email address provided in this application. An official notice is any correspondence from the Department of Health that requires a response by a certain date. 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:

Yes No

* 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:

Yes No

To enter Email Affirmation:

1. To receive Correspondence via e-mail, click “Yes.” Or to receive postal mail, click “No.”
2. To receive Health Publications via e-mail, click “Yes.” To decline receiving publications, click “No.”

- **Saving Information**

At the bottom of the page, save the Application Contacts information entered.

Continue

Save and resume later:

To save the Information for Application Contacts and Email Affirmation:

1. Click the Continue button to save information and proceed to the next step in the application.
- OR –
2. Click the Save and resume later icon to save a partial application with a temporary record number to access in a future online session. A message displays the assigned **TMP** number.

Your partial application (13TMP-003557) has been successfully saved.
To resume this application, go to the My Licenses & Applications section and click the Resume Application link.

Step 7: Application Information

Each license/permit application requires different information that is specific to the type of business that will be conducted. This information is captured in one or more **Application Information** pages.

Food Service Establishment (general)

1 Establishment Address

2 Contact Information

3 Application Information

4 Documents

5 Review

6

7

Step 3 : Application Information > Application Specific Info

To enter Application Information:

1. Follow the instructions on each page. Enter the required fields (marked with a * red asterisk) and

optional fields on the various **Application Information** pages presented.

- At the bottom of each **Application Information** page: click the Continue button to proceed to the next step in entering the application, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

NOTE: For the Anticipated Opening Date:

- If you know your opening date, enter it in the field provided.
- If not sure of your opening date, leave this field blank.

NOTE: For Workers' Compensation and Disability Insurance:

- If your organization is required to obtain Workers' Compensation and Disability Insurance, mark **Yes** to the question, then enter the available required fields.
- If you submitted the CE-200 form on the Workers' Compensation Board web site (www.wcb.ny.gov) to affirm that you are exempt from obtaining these insurance coverage types, mark **No** to the question, then mark the CE-200 form box, enter the CE-200 Exemption Certificate number and expiration date in the required fields provided.

To enter Application Information that is presented in a table format:

- First click the Add a Row button. (Where multiple tables are presented in a drop-down list, first select a Table Name, then click the Add a Row button.) The **Table Name** window pops-up.

NOTE: For our example, we are using the Days and Hours of Operation (Health) table.

DAYS AND HOURS OF OPERATION (HEALTH)

You are required to enter the hours of operation.Fill out a row for each day you are operating.

Day: Sat-Sun Opening Time: 10:00 Closing Time: 24:00

Submit Cancel

- On the **Table Name** window, enter the fields and/or select from the drop-down lists. Click Submit. The **Application Specific** page refreshes listing the table rows entered.

Days and Hours of Operation

DAYS AND HOURS OF OPERATION

You are required to enter the hours of operation.Fill out a row for each day you are operating.

Showing 1-2 of 2

<input type="checkbox"/> Day	Opening Time	Closing Time	Actions
<input type="checkbox"/> Sat-Sun	10:00	24:00	Actions
<input checked="" type="checkbox"/> Friday	10:00	24:00	Edit Delete

Add a Row Edit Selected Delete Selected

- To edit a row, mark the checkbox to select the target row, select Edit from the Action drop-down list or click the Edit Selected button (when available).
- To delete a row, mark the checkbox to select the target row, select Delete from the Action drop-down

list or click the Delete Selected button (when available).



- e. At the bottom of each **Application Information** page: click the Continue button to proceed to the next step in entering the application, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

Step 8: Upload Documents

For the **Upload Documents** page, the system presents a list of required documents. Before uploading the documents, you can electronically scan each paper document as a separate PDF file on your computer. Other file types are allowed to be uploaded. Some of these file types are listed in the note below.

NOTE: The maximum file size allowed is 15 MB. Various file types are allowed. Here is a partial list of extensions for file types allowed: PDF, JPG, GIF, PNG, XLS, XLSX, DOC, DOCX, VSD, and TXT. Any file type that is not allowed will not upload to the system.

System Message:

In order for your application to be processed, based on the information provided, you are required to upload the following documents::

- **Proof of Tax Identification :** Please upload one of the following documents - New York State Certificate of Authority to Collect Sales Tax -OR- Federal Employer Identification Number (EIN) -OR- Copy of Social Security Card
- **Copy of Photo Identification :** Please upload one of the following documents - Valid Driver's License, Valid DMV Non-Driver ID Card, Alien Registration Card or Naturalization Certificate, U.S. or Foreign Passport, or U.S Government Agency-Issued Photo ID.
- **Proof of Insurance or Exemption :** Please upload one of the following documents - Certificate of Workers' Compensation and Disability Insurance -OR- Certificate of Attestation of Exemption (Form CE-200)
- **Incorporation Documents :** Please upload one of the following documents - Certificate of Incorporation or NYS Filing Receipt

Food Service Establishment (general)

1 Application Contacts 2 Application Information 3 **Upload Documents** 4 Review 5 Pay Fees 6 7

Step 4 : Upload Documents > Documents * indicates a required field.

Documents

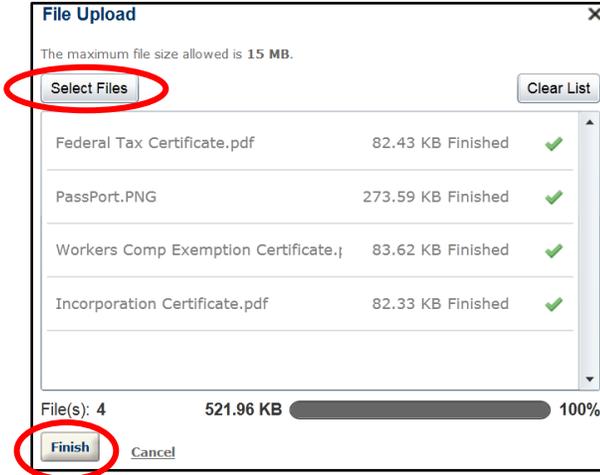
Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update
No records found.			

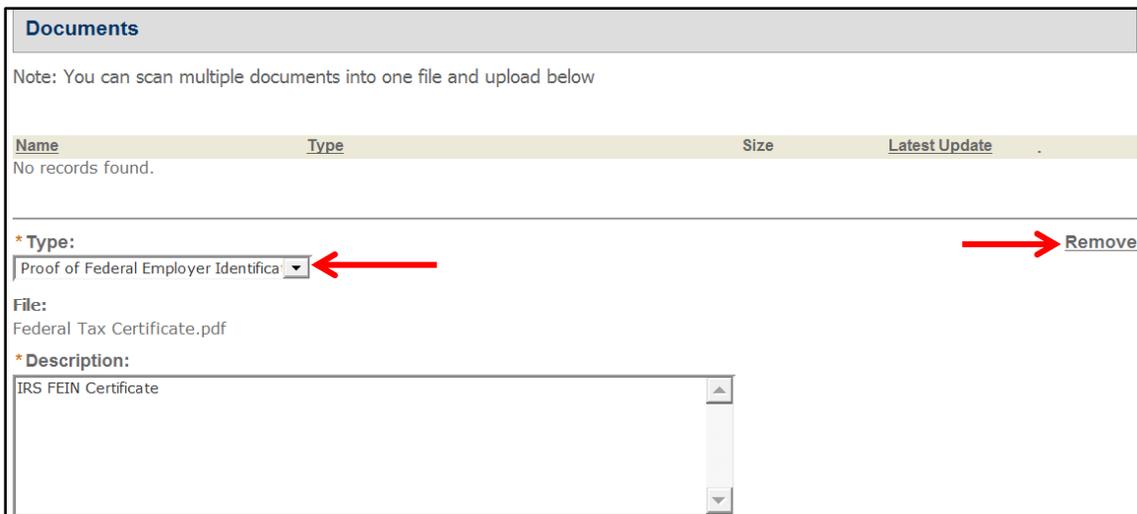
Upload Documents
Continue
Save and resume later:

To upload documents:

- a. On the **Documents** page, click the Upload Documents button to open the **File Upload** window.
- b. On the **File Upload** window, click the Select Files button to open the **Locator** window.
- c. On the **Locator** window, select the document to upload. Click Open.



- d. The document appears on the **File Upload** window.
- e. On the **File Upload** window, repeat above steps for each document. Click the Finish button to upload the documents.
- f. In the **Documents** section, select the Type and complete the Description for each document uploaded. Click the Remove link to discard a document in this section.



- g. At the bottom of the **Documents** page, click the Save button to store the documents.



- h. A message displays that the documents have uploaded successfully.

 The attachment(s) has/have been successfully uploaded. It may take a few minutes before changes are reflected.

i. The document attachments are listed in the **Documents** section.

Documents				
Note: You can scan multiple documents into one file and upload below				
Name	Type	Size	Latest Update	Actions
Federal Tax Certificate.pdf	Proof of Federal Employer Identification Number (EIN)	82.43 KB	03/15/2013	Actions ▼
Workers Comp Exemption Certificate.pdf	Certificate of Attestation of Exemption (Form CE-200)	83.62 KB	03/15/2013	Actions ▼
PassPort.PNG	U.S. or Foreign Passport	273.59 KB	03/15/2013	Actions ▼
Incorporation Certificate.pdf	Certificate of Incorporation -or- NYS Filing Receipt	82.33 KB	03/15/2013	Actions ▼

j. On the Actions list, click View Details for information, or click Delete to remove the document.

k. Click the Upload Documents button to upload another document.

Save and resume later: 

l. At the bottom of the **Documents** page: click the Continue button to proceed to the next step in entering the application, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

Step 9: Review

The **Review** page presents a summary of the information entered for the application.

Food Service Establishment (general)

1 2 3 Application Information 4 Upload Documents **5 Review** 6 Pay Fees 7 Complete

Step 5 : Review

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Food Service Establishment (general)

Establishment Address

121 EAST 31ST ST, NEW YORK, NY, 10016
Address Type: Complete Address
Borough: Manhattan

Application Contacts

Contact List
Showing 1-3 of 3

Full Name	Business Name	Contact Type	E-mail	Action
David Citizen		Designated Emergency Contact	david@hotmail.com	<input type="button" value="Edit"/>
Joseph Citizen	Restaurant Associates	Business Information	joseph@hotmail.com	<input type="button" value="Edit"/>

To review and edit categories of the application before submitting:

1. On the **Review** page, look over each section.
2. Use the Edit button in each section to open the page for that section and change or correct an entry.
3. Use the Action links where available to open the page for that row item and change or correct an entry.



4. At the bottom of the **Review** page: click the Continue button to proceed to the next step in entering the application, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

Step 10: Pay Fees

The system computes the application fee for the license/permit type selected. Master Card, American Express, Discover Card, and Visa Credit Card payments are accepted. Debit Cards with the Star, NYCE or Pulse logo on the back are also accepted. A 2.49% processing charge will be added to the application fee.

Food Service Establishment (general)

1 2 3 Application Information 4 Upload Documents 5 Review 6 Pay Fees 7 Complete

Step 6 : Pay Fees

Listed below is your fee that will be applied to your total payment amount. All credit card payments will have an additional 2.49% processing charges which will be added during payment process.

Payments can be made by using the following:

- Master Card
- American Express
- Discover Card
- Visa
- Debit Cards with the Star, NYCE or Pulse logo on the back

Fee Estimate

Fees	Qty.	Amount
Application Fees	1	\$280.00

TOTAL FEES
Note: This does not include additional processing fees which may be assessed later.

\$280.00

Continue

To pay fees:

1. On the **Pay Fees** page, review the credit or debit cards accepted and the fee amount.
2. Click Continue to proceed with entering payment information.

Food Service Establishment (general)



Step 6 : Pay Fees

The City of New York accepts credit and debits cards. You will be charged a fee of 2.49% of the payment amount. You will see this amount before you check out. The fee will be shown as a separate charge on your credit or debit card statement, and the New York City Department of Finance will be the merchant.

You will receive an email confirmation of your payment from noreply@link2gov.com. We recommend that you check your email's SPAM folder for the payment confirmation email if you do not see it.

Your payment is considered accepted when you receive a confirmation email. If you do not receive your confirmation email, please call 311.

* indicates a required field

Payment Options

Application Fee: \$280.00
 Convenience Fee: \$6.97
 Total Amount: \$286.97

Pay with Credit Card

Submit Payment »

3. On the Payment Options page, click the Submit Payment button. The City Pay web site opens.

- **Paying With a Credit Card or Debit Card**

The City of New York accepts the following for payment: American Express, Discover Card, Visa and Master Card credit cards, as well as debit cards with the Star, NYCE or Pulse logo on the back. An additional 2.49% convenience fee is charged to complete this transaction. Your payment is considered accepted when you receive a payment confirmation e-mail.

The system redirects you to secure **Payment Entry** web pages. Enter all requested information. When the payment process is completed, an e-mail confirmation is sent to the e-mail address displayed in the Billing Information e-mail field. Unless edited, this is the e-mail address of the registered account holder or primary contact on the application or license/permit.

To enter credit card payment information for fees:

1. The **Payment Entry Billing Information** page may display. It lists the registered account holder's contact information. **Do not click Continue!!** Wait for the next page to display.

Payment Entry

You will be asked on the next page to agree to Terms and Conditions governing the use of this website, as well as the services accessed from it. If you choose not to accept the [Terms and Conditions](#), by declining to click "I Agree" on the next page, you will not be able to make a payment on this site and none of your personal information that you insert below will be transmitted or retained by the City of New York.

Payment Method: Credit or Debit Card

Billing Information

Name	DO AGAIN
Country	United States
Address	460 SIMONS AVENUE
City	HACKENSACK
State	New York
Zip	07601
Phone	
Email	doitagain@aol.com
Re-Enter Email	doitagain@aol.com

If you are paying with a credit or debit card, please make sure that the name and address entered above is the same as the one associated with this credit or debit card.

Cancel Continue **WAIT, Do Not Click Continue!!**

2. On next **Payment Entry** page: enter **Card Information** fields and **Billing Information** fields (if needed).

Payment Entry

You will be asked on the next page to agree to Terms and Conditions governing the use of this website, as well as the services accessed from it. If you choose not to accept the [Terms and Conditions](#), by declining to click "I Agree" on the next page, you will not be able to make a payment on this site and none of your personal information that you insert below will be transmitted or retained by the City of New York.

Payment Method: Credit or Debit Card

Card Information

Card Number	5550000000000003
Expiration Date	December 2013
Card Identification Code	123



Billing Information

Name	DO AGAIN
Country	United States
Address	460 SIMONS AVENUE
City	HACKENSACK
State	New York
Zip	07601
Phone	
Email	doitagain@aol.com
Re-Enter Email	doitagain@aol.com

If you are paying with a credit or debit card, please make sure that the name and address entered above is the same as the one associated with this credit or debit card.

Cancel Continue

3. At the bottom of the **Payment Entry Card Information and Billing Information** page: click Continue to

proceed with payment, or click Cancel to stop entering the payment.

Terms and Conditions

By clicking "I agree," you: (1) acknowledge that you have read and agree to the [Terms and Conditions](#) for using this site; (2) authorize the City of New York to charge your account for the payment amount and, if applicable, the Convenience Fee; (3) confirm that the information provided by you is true, complete, and correct to the best of your knowledge and is supplied in good faith; (4) confirm that you are authorized to instruct this payment using the credit card, debit card, or checking account included in your payment instructions.

I agree.

4. On the **Terms and Conditions** page: read the Terms and Conditions and mark the "I Agree" check box.
5. Click Continue to proceed with payment, click Cancel to stop submitting the payment, or click Go Back/Edit to correct information on the prior page.

Payment Confirmation

Please scroll down and click on the "Process Payment" button. Your payment will not be processed until you click on the button.

Transaction ID : 1936*13EST-00000-03573*ACA

Bill Date : 03/18/2013

Payment Amount : 280

Description	Payment Ref ID	Payment Amount
FOOD SERVICE ESTABLISHMENT (GENERAL)	13EST-00000-03573	\$280.00
	Payment Amount:	\$280.00
	Merchant Convenience Fee:	\$6.97
	Total Payment Amount:	\$286.97

If you are paying with a credit or debit card, a convenience fee has been added to your total bill and will be processed as a separate charge to your card. The amount of this fee is shown above. **This fee is nonrefundable.**

Card Information

Card Number *****0003

Expiration Date 12/13



Billing Information

Name DO AGAIN

Country US

Address 460 SIMONS AVENUE

City HACKENSACK

State NY

Zip 07601

Phone

Email doitagain@aol.com

6. The Payment Confirmation displays. You can print this page for your records by right clicking your mouse and selecting Print from the drop-down list.
7. Review payment details. Click the Process Payment button **ONLY ONCE** to proceed, click the Cancel

- button to stop submitting the payment, or click the Go Back/Edit button to correct the prior page.
- To continue instructions, click the option for your payment process: **Renewals** [Step 5: Complete](#), or **Adjudication/Settlement** [Step 5: Complete](#), or **New Applications** [Step 11: Complete](#), or **Register for the MFV Food Protection Course** [Step 6: Receipt](#).

Step 11: Complete

A receipt displays the establishment address, assigned application number, license/permit type and any outstanding conditions. Conditions stored on an application or a license/permit can include: documents required for this type of application, correspondence notifications, and any outstanding fees or violation fines. A condition is removed when the situation which initiated it is resolved.

Food Service Establishment (general)

1 2 3 Application Information 4 Upload Documents 5 Review 6 Pay Fees 7 Complete

Step 7 : Complete

Receipt

Your transaction has been successfully submitted. You will receive further correspondence via the email address you provided.

121 EAST 31ST ST, NEW YORK, NY, 10016

HEALTH

[APP-2013-0001377](#) Food Service Establishment (general)

i A notice was added to this record on 03/18/2013.
Condition: Proof of Tax Identification Severity: Notice
Total Conditions: 4 (Notice: 4)

[Hide additional details](#)

Conditions

Showing 1-4 of 4

Required Documents - 4 Applied

License Required Documents

Copy of Photo Identification
Valid Driver's License, Valid DMV Non-Driver ID Card, Alien Registration Card or Naturalization Certificate, U.S. or Foreign Passport, or U.S Government Agency-Issued Photo ID.
Applied | Notice | 03/15/2013

Incorporation Documents
Certificate of Incorporation or NYS Filing Receipt
Applied | Notice | 03/15/2013

Proof of Insurance or Exemption
Certificate of Workers' Compensation and Disability Insurance -OR- Certificate of Attestation of Exemption (Form CE-200)
Applied | Notice | 03/15/2013

Proof of Tax Identification
New York State Certificate of Authority to Collect Sales Tax -OR- Federal Employer Identification Number (EIN) -OR- Copy of Social Security Card
Applied | Notice | 03/15/2013

To view conditions and print this page for your records:

1. Click the [View additional details](#) link to see the list of Conditions for this application. Click the [Hide additional details](#) to close this view.
2. Print this page by right clicking your mouse and selecting Print from the drop-down list.

Home Tab

To return to the Welcome page:

1. On any page where visible, click the Home Tab. The **Welcome** page displays.

Log Out

To log out of the system:

1. On any page, click the Logout link in the upper right hand corner of the page. The **Login** page displays.

4. Searching for Applications and Licenses/Permits

The system retains historical data, so you can search for a temporary application created with the Save and resume later button, or search for an already created application, or license/permit.

To search for a license or application on the system:

1. On the **My Account** page, scroll down to the **General Search** section.

My Account			
Showing 1-10 of 100+ Add to collection			
<input type="checkbox"/> Record Number	Record Type	Status	Action
<input type="checkbox"/> 41603766	DOHMH/H25/FS/License	Current	Amendment
<input type="checkbox"/> 50001765	Food Service Establishment (general) License	Renewal: Deferred Payment	
<input type="checkbox"/> 50001761	Food Service Establishment (general) License	Pending Application	
<input type="checkbox"/> APP-2013-0001375	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/> 50001763	Food Service Establishment (general) License	Pending Application	
<input type="checkbox"/> APP-2013-0001373	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/> APP-2013-0001377	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/> 13TMP-003542	Smoke-Free Air Act Exemption: Membership Association		Resume Application
<input type="checkbox"/> 13TMP-003493	Small Animal Grooming Establishment		Resume Application
<input type="checkbox"/> 13TMP-003490	Food Service Establishment (general)		Resume Application
< Prev 1 2 3 4 5 6 7 8 9 10 ... Next >			

2. On the **General Search** section, enter search criteria:
 - a. Enter a Record Number (if known) and/or
 - b. Blank out and enter a Start Date (if known)

NOTE: For the Record Number: if you only know the beginning or end of the Record Number, use the percent symbol (%) as a wild card. In our example below, we entered: APP%.

NOTE: For faster searching, the Start Date defaults to a month ago and the End Date defaults to today's

date. If your record creation date is not known, blank out the start date.

3. Click the Search button. The search results display below the criteria.

General Search

Search my records only

Record Number:

Start Date: End Date:

4 Record results matching your search results

Click any of the results below to view more details.

Showing 1-4 of 4 | [Add to collection](#)

<input type="checkbox"/>	Record Number	Record Type	Status	Action
<input type="checkbox"/>	APP-2013-0001375	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/>	APP-2013-0001373	Food Service Establishment (general)	Pending Application	

4. To open the record, click the record number. To continue a process, click the Action link for the desired record number (for example: [Resume Application](#), or [Pay Fee Due for Renewal](#), or [Amendment](#)).

5. Viewing a DOHMH Application or License/Permit

Access to the details of a record is easily available from the My Account page.

My Account

Showing 1-10 of 100+ | [Add to collection](#)

<input type="checkbox"/>	Record Number	Record Type	Status	Action
<input type="checkbox"/>	41603766	DOHMH/H25/FS/License	Current Renewal: Deferred Payment	Amendment
<input type="checkbox"/>	50001765	Food Service Establishment (general) License	Pending Application	
<input type="checkbox"/>	50001761	Food Service Establishment (general) License	Pending Application	
<input type="checkbox"/>	APP-2013-0001375	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/>	50001763	Food Service Establishment (general) License	Pending Application	
<input type="checkbox"/>	APP-2013-0001373	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/>	APP-2013-0001377	Food Service Establishment (general)	Pending Application	
<input type="checkbox"/>	13TMP-003542	Smoke-Free Air Act Exemption: Membership Association		Resume Application
<input type="checkbox"/>	13TMP-003493	Small Animal Grooming Establishment		Resume Application
<input type="checkbox"/>	13TMP-003490	Food Service Establishment (general)		Resume Application

< Prev 1 2 3 4 5 6 7 8 9 10 ... Next >

To view the details of an application or license/permit:

1. Click the Record Number of the desired application displayed on the Records or Search results list.
2. The Record Details page displays the various categories of the record selected. Scroll down the list.
3. Click the arrow on left of a desired category to expand the section. Click any + sign to expand a section.

Record APP-2013-0001377:

[Add to collection](#)

Food Service Establishment (general)



A notice was added to this record on 03/18/2013.
Condition: Proof of Tax Identification Severity: Notice
Total Conditions: 4 (Notice: 4)

[View additional details](#)

Work Location

EAST 31ST ST
NEW YORK NY 10016
United States
121

Record Details



▼ **More Details**

Related Contacts

Designated Emergency Contact information

David Citizen
Primary Phone Number:212-925-0000
david@hotmail.com

Business Information information

Restaurant Associates
Joseph's
joseph@hotmail.com
ITIN
COAAC 12345688
Corporation
Yes
No

The Application displayed on the web page is continued below.

Application Information

Application Information Table

▼ **Fees**

Paid:

Date	Invoice Number	Amount
03/18/2013	3682	\$280.00

Total paid fees: \$280.00

▼ **Attachments**

Name	Record ID	Record Type	Entity Type	Type	Size	Latest Update
Federal Tax Certificate.pdf	APP-2013-0001377	Food Service Establishment (general)	Record	Proof of Federal Employer Identification Number (EIN)	82.43 KB	Pending
Workers Comp Exemption Certificate.pdf	APP-2013-0001377	Food Service Establishment (general)	Record	Certificate of Attestation of Exemption (Form CE-200)	83.62 KB	Pending
PassPort.PNG	APP-2013-0001377	Food Service Establishment (general)	Record	U.S. or Foreign Passport	273.59 KB	Pending
Incorporation Certificate.pdf	APP-2013-0001377	Food Service Establishment (general)	Record	Certificate of Incorporation -or- NYS Filing Receipt	82.33 KB	Pending

▼ **Related Records**

Record Number	Record Type	Project Name	Date Submitted	View
50001765	Food Service Establishment (general) License		03/18/2013	
APP-2013-0001377	Food Service Establishment (general)		03/15/2013	

6. Renewing a DOHMH License/Permit

Most licenses or permits are eligible for renewal about 90 days before their expiration date. During this period the licensee will receive a preprinted renewal form by mail. This preprinted form can be completed online, the required documents uploaded, and payment for the renewal fee submitted online. Alternately, the completed form, documents, and payment can be presented in person at the DCA office, or mailed to the Lockbox address provided.

Use the following steps to renew a DOHMH license or permit:

1. Locate a License Renewal Record
2. Application Information
3. Review
4. Pay Fees
5. Complete

Step 1: Locate a License Renewal Record

Login to the NYC License/Permit website, or click the Home Tab on any page to open the **Welcome** page.

To locate a license that is qualified for a renewal:

1. Click the Access My Account link on the **Welcome** page.



2. Using the **General Search** section, enter your License number in the Record Number field. Enter the appropriate Start and End Dates. Click the Search button.
NOTE: If you only know the beginning or end of the Record Number, use the percent symbol (%) as a wild card to replace the unknown portion of the number.
3. On the Search Results, locate your license record. Click the Renew Application link to open the record.

Step 2: Application Information

Each license/permit requires information for the business conducted that is captured in one or more pages.

Food Service Establishment (general) Renewal

1 Renewal | 2 Review | 3 Pay Fees | 4 Complete

Step 1 : Renewal > Application Information * indicates a required field.

Application/Insurance Information

APPLICATION INFORMATION

*Worker's Comp/Disability Insurance: ?
 Yes No

Worker's Compensation Insurance Expiration Date:

Disability Benefits Insurance Carrier:

Disability Benefits Insurance Policy #:

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a stamped copy of the form CE-200 with the New York State-assigned Exemption Certificate Number will be attached.:

Worker's Compensation Insurance Carrier:

Worker's Compensation Insurance Policy #:

Disability Benefits Insurance Expiration Date:

Expiration date: * 03/08/2014

Exemption certificate number: * 456321

Save and resume later:

To enter application information for a renewal:

1. Follow the instructions on each web page to enter the required fields (marked with a *** red asterisk**) and optional fields on the various **Application Information** web pages presented.
2. At the bottom of the page: click the Continue button to proceed to the next step in the renewal, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

NOTE: For Workers' Compensation and Disability Insurance:

- If your organization is required to obtain Workers' Compensation and Disability Insurance, mark **Yes** to the question, then enter the available required fields.
- If you submitted the CE-200 form on the Workers' Compensation Board web site (www.wcb.ny.gov) to affirm that you are exempt from obtaining these insurance coverage types, mark **No** to the question, then mark the CE-200 form box, enter the CE-200 Exemption Certificate number and expiration date in the required fields provided.

Step 3: Review

The system presents a summary of the information entered for the renewal. Review each entry. Use the Edit button in each section to change or correct any information.

Food Service Establishment (general) Renewal

1 Renewal **2 Review** 3 Pay Fees 4 Complete

Step 2 : Review

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Food Service Establishment (general) Renewal

Application/Insurance Information

APPLICATION INFORMATION Edit

Worker's Comp/Disability Insurance: No
 Worker's Compensation Insurance
 Expiration Date:
 Disability Benefits Insurance Carrier:
 Disability Benefits Insurance Policy #:
 Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a stamped copy of the form CE-200 with the New York State-assigned Exemption Certificate Number will be attached.: Yes
 Worker's Compensation Insurance Carrier:
 Worker's Compensation Insurance Policy #:
 Disability Benefits Insurance Expiration Date:
 Expiration date: 03/08/2014
 Exemption certificate number: 456321

Continue Save and resume later:  ←

To review and edit categories of the application before submitting:

1. On the **Review** page, look over the Worker's Compensation/Disability Insurance section.
2. Use the Edit button to open the page for that section and change or correct an entry.
3. At the bottom of the **Review** page: click the Continue button to proceed to the next step in entering the renewal, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

Step 4: Pay Fees

The system computes the renewal fee for the license/permit type selected. The page lists accepted cards.

Food Service Establishment (general) Renewal

1 Renewal

2 Review

3 Pay Fees

4 Complete

Step 3 : Pay Fees

Listed below is your fee that will be applied to your total payment amount. All credit card payments will have an additional 2.49% processing charges which will be added during payment process.

Payments can be made by using the following:

- Master Card
- American Express
- Discover Card
- Visa
- Debit Cards with the Star, NYCE or Pulse logo on the back

Fee Estimate

Fees	Qty.	Amount
Application Fees	1	\$280.00

TOTAL FEES
Note: This does not include additional processing fees which may be assessed later.

\$280.00

To pay a renewal fee:

1. On the **Pay Fees** page, click the Continue button. The Payment Options page displays.

Food Service Establishment (general) Renewal

1 Renewal

2 Review

3 Pay Fees

4 Complete

Step 3 : Pay Fees

The City of New York accepts credit and debits cards. You will be charged a fee of 2.49% of the payment amount. You will see this amount before you check out. The fee will be shown as a separate charge on your credit or debit card statement, and the New York City Department of Finance will be the merchant.

You will receive an email confirmation of your payment from noreply@link2gov.com. We recommend that you check your email's SPAM folder for the payment confirmation email if you do not see it.

Your payment is considered accepted when you receive a confirmation email. If you do not receive your confirmation email, please call 311.

The Renewal **Pay Fees, Options** page is continued below.

* indicates a required field

Payment Options

Application Fee: \$280.00
 Convenience Fee: \$6.97
 Total Amount: \$286.97

Pay with Credit Card

Submit Payment »

2. On the **Pay Fees, Payments Options** page, click the Submit Payment button. The City Pay web site opens.
3. For entering a payment instructions, see the section [Paying With a Credit Card or Debit Card](#). Then return to the Renewal Complete step below to continue the Renewal process.

Step 5: Complete

The system displays a confirmation with the establishment address, assigned renewal number, and type of license/permit. Click the Renewal Number link to see details of the license renewal record. Print this page by right clicking your mouse and selecting Print from the drop-down list.

Food Service Establishment (general) Renewal

1 Renewal 2 Review 3 Pay Fees **4 Complete**

Step 4 : Complete

Receipt

Your transaction has been successfully submitted. You will receive further correspondence via the email address you provided.

121 EAST 31ST STREET, NEW YORK, NY, 10016

HEALTH

REN-2013-0000287 Food Service Establishment (general) Renewal

7. Paying a Health Violation or an Adjudication/Settlement Fine

When payments of outstanding fines are court ordered, an adjudication or settlement condition is associated with a license or application. The fines must be paid before the new license application process or license renewal process can proceed. The payment for the fine can be submitted online. Alternately, you can pay in person at the New York City Licensing Center at 42 Broadway or the OATH office.

Use the following steps to pay a health violation fine:

1. Login
2. Locate an Adjudication or Settlement Record
3. Fees
4. Pay Fees
5. Complete

Step 1: Login

Once logged in to the NYC License/Permit system, the **Welcome** page opens.



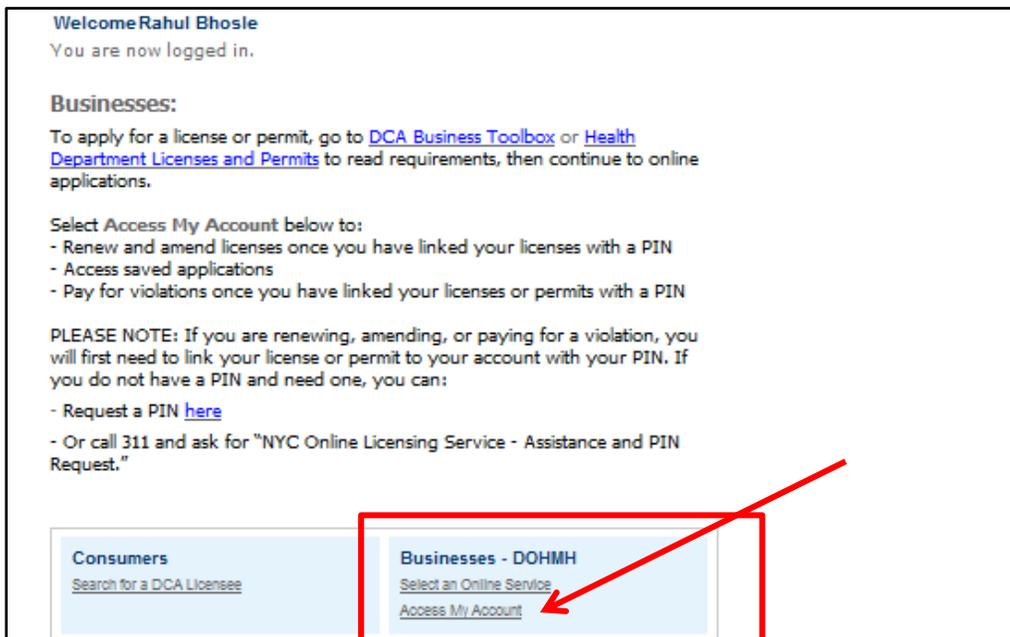
The screenshot shows a login form with the following elements:

- Login** (Section Header)
- User Name or E-mail:
- Password:
- Login » (Button)

To login:

1. On the **Login** page, enter Username or e-mail address. Enter Password. Click Login button.

Step 2: Locate an Adjudication or Settlement Record



The screenshot shows the 'Welcome' page for a user named Rahul Bhosle. The page content includes:

- Welcome Rahul Bhosle**
You are now logged in.
- Businesses:**
To apply for a license or permit, go to [DCA Business Toolbox](#) or [Health Department Licenses and Permits](#) to read requirements, then continue to online applications.
- Select **Access My Account** below to:
 - Renew and amend licenses once you have linked your licenses with a PIN
 - Access saved applications
 - Pay for violations once you have linked your licenses or permits with a PIN
- PLEASE NOTE: If you are renewing, amending, or paying for a violation, you will first need to link your license or permit to your account with your PIN. If you do not have a PIN and need one, you can:
 - Request a PIN [here](#)
 - Or call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

At the bottom, there are two navigation boxes:

- Consumers**
[Search for a DCA Licensee](#)
- Businesses - DOHMH**
[Select an Online Service](#)
[Access My Account](#) (highlighted with a red box and a red arrow)

To locate an adjudication or settlement record:

1. On the **Welcome** page, click the **Business - DOHMH** [Access My Account](#) link. The My Account page displays.

My Account			
Showing 21-30 of 100+ Add to collection			
<input type="checkbox"/>	Record Number	Record Type	Action
<input type="checkbox"/>	ADJ-2013-0000017	Adjudication Record	Pay Fees Due
<input type="checkbox"/>	13TMP-001038	Barber Shop	Resume Application
<input type="checkbox"/>	50000635	Barber Shop License	Rcvd - additional info reqd
<input type="checkbox"/>	APP-2013-0000266	Barber Shop	Current
<input type="checkbox"/>	13TMP-001017	Food Service Establishment (general)	Resume Application
<input type="checkbox"/>	13H25-00000-000AP	PIN Entry	
<input type="checkbox"/>	APP-2013-0000263	Barber Shop Application	Payment Pending
<input type="checkbox"/>	50000629	Barber Shop License	
<input type="checkbox"/>	APP-2013-0000258	Barber Shop Application	Pending Application
<input type="checkbox"/>	50000600	Food Service Establishment-License	Current

2. On the **My Account** section, scroll through the entries. Locate an adjudication (ADJ) or settlement (SET) record with an Action that displays a [Pay Fees Due](#) link.
3. Click the [Pay Fees Due](#) link to open the record.

Step 3: Fees

The **Fees** page displays. This fee does not include additional processing fees which may be assessed later.

Fees

Listed below is your fee that will be applied to your total payment amount. All credit card payments will have an additional 2.49% processing charges which will be added during payment process.
Payments can be made by using the following:

- Master Card
- American Express
- Discover Card
- Visa
- Debit Cards with the Star, NYCE or Pulse logo on the back

Fee Estimate

Fees	Qty.	Amount
Adjudication Fine Amount	200	\$200.00

TOTAL FEES
Note: This does not include additional processing fees which may be assessed later.

\$200.00

To pay a fine:

1. Click the Continue button. The **Pay Fees, Options** page displays.

Step 4: Pay Fees

The **Pay Fees** page displays the total payment amount that will be charged to your credit or debit card which includes your violation fee and the assessed convenience fee.

Pay Fees

The City of New York accepts credit and debits cards. You will be charged a fee of 2.49% of the payment amount. You will see this amount before you check out. The fee will be shown as a separate charge on your credit or debit card statement, and the New York City Department of Finance will be the merchant.

You will receive an email confirmation of your payment from noreply@link2gov.com. We recommend that you check your email's SPAM folder for the payment confirmation email if you do not see it.

Your payment is considered accepted when you receive a confirmation email. If you do not receive your confirmation email, please call 311.

* indicates a required field

Payment Options

Application Fee: \$200.00

Convenience Fee: \$4.98

Total Amount: \$204.98

Pay with Credit Card

Submit Payment »

To pay the amount by credit or debit card:

1. Click the Submit Payment button. The City Pay web site opens.
2. For entering the credit or debit card payment instructions, see the section [Paying With a Credit Card or Debit Card](#). Then return to the step below.

Step 5: Complete

A receipt displays the assigned Adjudication record number. Click this number link to see record details.

Receipt

Your transaction has been successfully submitted. You will receive further correspondence via the email address you provided.

1655 OAK TREE ROAD, EDISON, NJ, 08820

HEALTH

ADJ-2013-0000017 Adjudication Record

Print this page by right clicking your mouse and selecting Print from the drop-down list.

8. Amending a DOHMH License/Permit

Licenses with a “Current” status can be amended. Only certain information on a license may be amended. Changes are not allowed to the establishment address. Changes are allowed to the Primary contact’s name, mailing address, e-mail address, or phone number. Any other type of contact can be deleted or their contact information changed: mailing address, e-mail address, phone number, corporate officer information, or DBA information. Applicable Application Information fields, such as workers compensation, disability benefits insurance, and hours of operation, etc. can be changed.

Amendments can be completed online, or in person at the New York City Licensing Center at 42 Broadway.

Use the following steps to amend a DOHMH license or permit:

1. Locate an Amendable License
2. Select an Amendment Type
3. Contact Information
4. Application Information
5. Upload Documents
6. Review/Edit
7. Complete

Step 1: Locate an Amendable License

Login to the NYC License/Permit website, or click the Home Tab on any page to open the **Welcome** page.

To locate an amendable license record:

1. Click the [Access My Account](#) link on the **Welcome** page. The **My Account** page displays.
2. On the **My Account** section, scroll through the entries. Locate a license record with a Status of Current and an Action that displays an [Amendment](#) link.
3. Or, using the **General Search** section, enter your License number in the Record Number field. Enter the appropriate Start and End Dates. Click the Search button. On the Search Results, locate a license record with a Status of Current and an Action that displays an [Amendment](#) link.

NOTE: If you only know the beginning or end of the Record Number, use the percent symbol (%) as a wild card to replace the unknown portion of the number.

My Account			
Showing 1-7 of 7 Add to collection			
<input type="checkbox"/> Record Number	Record Type	Status	Action
<input type="checkbox"/> AMD-2013-0000076	Amendment Record	Current	
<input type="checkbox"/> ADJ-2013-0000125	Adjudication Record		
<input type="checkbox"/> AMD-2013-0000075	Amendment Record	Current	
<input type="checkbox"/> 50001696	Food Service Establishment (general) License	Current	Renew Application Amendment
<input type="checkbox"/> APP-2013-0001312	Food Service Establishment (general)	Current	
<input type="checkbox"/> 50001697	Barber Shop License	Current	Renew Application Amendment
<input type="checkbox"/> APP-2013-0001313	Barber Shop	Current	

4. Click the [Amendment](#) link to open the record. The **Select an Amendment Type** page displays.

Step 2: Select an Amendment Type

The **Select an Amendment Type** page displays one option. The page reformats when selected.

Select an Amendment Type

Choose one of the following available amendment types. For assistance or to apply for an amendment type not listed below please contact us.

Amendment ▼

Amendment Record

Continue

To select an amendment type:

1. Select "Amendment" from the drop-down list. **NOTE:** When displayed, select the amendment type for the type of license/permit you wish to amend.
2. Click the Continue button.

Step 3: Contact Information

Changes are allowed to the Primary contact information. Any other type of contact can be deleted or their contact information changed.

Amendment Record

1 Contact Information | 2 Application Information | 3 Upload Documents | 4 Review | 5 Complete

Step 1 : Contact Information > Applicant & Other Contacts * indicates a required field.

Applicant & Other Contacts

Applying as a Corporation, Partnership, or Not-for-Profit?
Select "Business Information" as your Type of Contact and complete the required fields.
Businesses also have the opportunity to provide a complete list of the responsible individuals within their organization. To add each individual's information to your application, please select "Other Contact" as the Type of Contact and complete the required fields that appear.

Applying as an Individual or Sole Proprietorship?
Select "Individual Owner" as your Type of Contact and complete the required fields that appear.

Emergency Contacts
Unless a "Designated Emergency Contact" is specified, the applicant will be assumed to be the Emergency Contact. To identify someone other than the applicant to be contacted in the event of an emergency, please select "Designated Emergency Contact" as the Type of Contact and complete the required fields that appear.

Contact List
Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
Joseph Citizen	Restaurant Associates	Business Information	JosephSCitizen@gmail.com	Edit Delete
Mary Citizen		Designated Emergency Contact	MaryCitizen@gmail.com	Edit Delete

Add Contact Import All Associated Contacts

To remove a Contact:

1. Click the Delete link. The Contact list refreshes to display the list without the deleted contact.

To edit a Contact:

1. Click the Edit link. The Contact form displays.
2. Make any necessary changes to the fields.

▼ **Edit/View a Contact** Import All Associated Contacts

Auto-fill with

* **Type of Contact:** ?

* **First Name:** * **Last Name:**

* **Primary Phone Number:** * **E-mail address:**

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)

Showing 1-1 of 1

Address Type	Address	Action	Actions
Mailing	110 SULLIVAN STREET		<ul style="list-style-type: none"> Edit Remove Deactivate Set As Primary

▶ **Add Contact Address**

To remove a Contact Address:

1. Select Remove from the Actions drop-down list. The Contact Address list refreshes to display the list without the deleted contact address.

To edit a Contact Address:

1. Select Edit from the Actions drop-down list. The Contact Address form displays.
2. Make any necessary changes to the fields.

▼ **Edit/View a Contact Address**

Contact Address

* **Address Type:**

Building #: * **Street 1:**

Apt/Suite/Other:

Street 2:

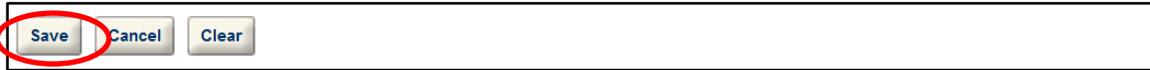
City: * **State:** * **ZIP Code:**

Country:

3. Click the Save Address button. If the address is found on the address reference table, the **Matching**

Address Results pop up window opens.

4. Select the desired address on the **Matching Address Results**, and click the Select button.
5. Click the Save Address button. If saving the contact address is not successful, re-enter the fields.



6. To save the Contact information, scroll to the bottom of the Contact List section. Click Save.

Contact List
Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
Joseph Citizen	Restaurant Associates	Business Information	JosephSCitizen@gmail.com	Edit Delete
Mary Citizen		Designated Emergency Contact	MaryCitizen@gmail.com	Edit Delete

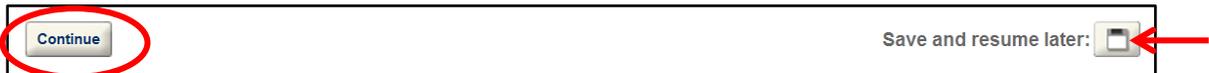
[Add Contact](#) [Import All Associated Contacts](#)

To enter an additional Contact:

1. Click the [Add Contact](#) link to display the Type of Contact drop-down field, if not visible.
2. For the * **Type of Contact**, select an item the drop-down list. The page refreshes.
3. For the type of contact selected, enter data in all required contact fields (those marked by a * **red asterisk**) and any optional fields.
4. Enter the address fields, if desired. Click the Save Address button. If the address is found on the Post Office reference table, the **Matching Address Results** window pops up.
5. Select the desired address on the **Matching Address Results**, and click the Select button.
6. Select the Address Type (if not visible). Click the Save Address button. If saving the contact address is not successful, re-enter the fields.



7. To save the Contact information, scroll to the bottom of the Contact List section. Click Save.



To proceed to the next step in the Amendment:

1. At the bottom of the **Contact Information** page: click the Continue button to proceed to the next step in entering the amendment, or click the Save and resume later page icon to create a partial amendment. A message displays the temporary record number to access in a future online session.

Step 4: Application Information

Each license/permit amendment requires different information that is specific to the type of business being conducted. This information is captured in one or more web pages.

Applicable Application Information fields, such as workers' compensation and disability benefits insurance can be changed. In our application example, applicable fields for hours of operation, etc. can be changed.

Amendment Record

1 Contact Information → 2 Application Information → 3 Upload Documents → 4 Review → 5 Complete

Step 2 : Application Information > Application Information

* indicates a required field.

To edit Application Information:

1. Follow the instructions on each page. Enter the required fields (marked with a *** red asterisk**) and optional fields on the various **Application Information** pages presented.

Application Information

APPLICATION INFORMATION

* Worker's Comp/Disability Insurance: ?
 Yes No

Worker's Compensation Insurance Carrier:

Worker's Compensation Insurance Expiration Date:

Worker's Compensation Insurance Policy #:

Disability Benefits Insurance Carrier:

Disability Benefits Insurance Expiration Date:

Disability Benefits Insurance Policy #:

Expiration date: *

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy of the form CE-200 with the New York State-assigned Exemption Certificate Number will be attached.: *

Exemption certificate number: *
 456321

NOTE: For Workers' Compensation and Disability Insurance:

- If your organization is required to obtain Workers' Compensation and Disability Insurance, mark **Yes** to the question, then enter the available required fields.
- If you submitted the CE-200 form on the Workers' Compensation Board web site (www.wcb.ny.gov) to affirm that you are exempt from obtaining these insurance coverage types, mark **No** to the question, then mark the CE-200 form box, enter the CE-200 Exemption Certificate number and expiration date in the required fields provided.

Days & Hours of Operation

DAYS AND HOURS OF OPERATION

You are required to enter the hours of operation. Fill out a row for each day you are operating.

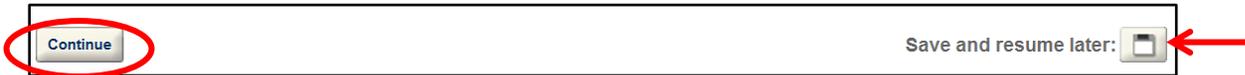
Showing 1-2 of 2

<input type="checkbox"/> Day	Opening Time	Closing Time	Actions
<input type="checkbox"/> Mon-Fri	10:00	24:00	Actions
<input checked="" type="checkbox"/> Sat-Sun	11:00	24:00	Actions

Add a Row Edit Selected Delete Selected

2. For information that is presented in a table format:
 - a. To add a row, click the Add a Row button. (Where multiple tables are presented in a drop-down list, first select a Table Name, then click the Add a Row button.) The **Table Name** window pops-up.
 - b. On the **Table Name** window, enter the fields and/or select from the drop-down lists. Click Submit.

- The **Application Information** page refreshes listing the table rows entered.
- c. To edit a row, mark the checkbox to select the target row, select Edit from the Action drop-down list or click the Edit Selected button (when available).
 - d. To delete a row, mark the checkbox to select the target row, select Delete from the Action drop-down list or click the Delete Selected button (when available).
3. At the bottom of each **Application Information** page: click the Continue button to proceed to the next step in entering the amendment, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.



Step 5: Upload Documents

Each license/permit amendment requires the upload of documents specific to the type of business being conducted. Before uploading the documents, scan each into a separate PDF file on your computer. Other file types can be used. Please refer to the **NOTE** below.

The attachment(s) has/have been successfully uploaded. It may take a few minutes before changes are reflected.

Amendment Record

1 Contact Information

2 Application Information

3 Upload Documents

4 Review

5 Complete

Step 3 : Upload Documents > Attachments * Indicates a required field.

Attachment

Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update	Actions
ConEd Bill Pay 20121025.pdf	Supporting Document(s)	73.06 KB	05/10/2013	Actions
PassPort.PNG	Supporting Document(s)	273.59 KB	05/10/2013	Actions
Incorporation Certificate.pdf	Supporting Document(s)	82.33 KB	05/10/2013	Actions

Upload Documents

Continue

Save and resume later:

To upload additional documents:

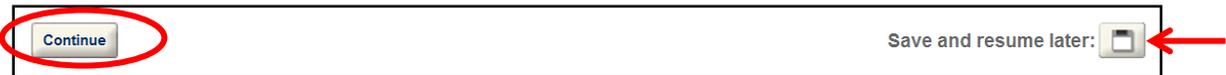
- a. On the Upload **Documents** page, click the Upload Documents button to open the **File Upload** window.
- b. On the **File Upload** window, click the Select Files button to open the **Locator** window.
- c. On the **Locator** window, select the document to upload. Click Open.
- d. The document appears listed on the **File Upload** window.
- e. On the **File Upload** window, repeat above steps for each document. Click the Finish button to upload the documents.

NOTE: The maximum file size allowed is 15 MB. Various file types are allowed. Here is a partial list of extensions for file types allowed: PDF, JPG, GIF, PNG, XLS, XLSX, DOC, DOCX, VSD, and TXT. Any file type that is not allowed will not upload to the system.

- f. In the **Attachment** section, select the Type from the drop-down list and complete the Description for each document uploaded. Click the Remove link to discard a document in this section.
- g. At the bottom of the **Attachment** page, Type section: click the Save button to store the documents.
- h. A message displays that the documents have uploaded successfully.



- i. The document attachments are listed in the **Attachment** section.
- j. On the Actions list, click View Details for information about the uploaded record.
- k. Click the button (Browse or Upload Documents) to upload another document.



- l. At the bottom of the **Upload Documents** page: click the Continue button to proceed to the next step in entering the amendment, or click the Save and resume later page icon to create a partial amendment record. A message displays the temporary record number to access in a future online session.

Step 6: Review

The **Review** page presents a summary of the information entered for the amendment. Information entered for the amendment can be edited before it is submitted.

Amendment Record

1 Contact Information 2 Application Information 3 Upload Documents **4 Review** 5 Complete

Step 4 : Review

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Amendment Record

Applicant & Other Contacts Edit

Contact List

Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
Joseph Citizen	Restaurant Associates	Business Information	JosephSCitizen@gmail.com	Edit
Mary Citizen		Designated Emergency Contact	MaryCitizen@gmail.com	Edit

The Amendment Review page is continued below.

Application Information

APPLICATION INFORMATION [Edit](#)

Worker's Comp/Disability Insurance: No
 Worker's Compensation Insurance
 Expiration Date:
 Disability Benefits Insurance Carrier:
 Disability Benefits Insurance Policy #:

The Amendment Review page is continued below.

Form CE-200 was submitted to the Yes
 Worker's Compensation Board stating
 such coverage is not required for this
 business and a copy of the form CE-
 200 with the New York State-
 assigned Exemption Certificate
 Number will be attached.:
 Worker's Compensation Insurance
 Carrier:
 Worker's Compensation Insurance
 Policy #:
 Disability Benefits Insurance
 Expiration Date:
 Expiration date: 03/08/2014
 Exemption certificate number: 456321

The Amendment Review page is continued below.

Days & Hours of Operation

DAYS AND HOURS OF OPERATION [Edit](#)

Day	Opening Time	Closing Time
Mon-Fri	10:00	24:00
Sat-Sun	11:00	24:00

Attachment [Edit](#)

Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update	Actions
Con Edison Utility Bill.pdf	Supporting Document(s)	82.99 KB	03/19/2013	Actions
PassPort.PNG	Supporting Document(s)	273.59 KB	03/19/2013	Actions
Incorporation Certificate.pdf	Supporting Document(s)	82.33 KB	03/19/2013	Actions

To review and edit categories of the amendment before submitting:

1. On the **Review** page, look over each section.
2. Use the Edit button in each section to open the page for that section and change or correct an entry.
3. Use the Action links where available to open and view an item.

[Continue](#) Save and resume later: 

4. At the bottom of the **Review** page: click the Continue button to proceed to the next step in the amendment, or click the Save and resume later page icon to create a partial amendment record. A message displays the temporary record number to access in a future online session.

Step 7: Complete

The system displays a confirmation with the assigned amendment record number for your license/permit. Print this confirmation for your records. Click the Home Tab to navigate to the **Welcome** page.

Home Logg

Amendment Record

1 Contact Information → 2 Application Information → 3 Upload Documents → 4 Review → 5 Complete

Step 5 : Complete

Your transaction has been successfully submitted. Click on Home tab and then My Licenses & Applications to check the status of your applications, view license details or pay violation penalties. **AMD-2013-0000078.**

You are now ready to access your linked record, Click on the Home tab above and then "Access My Account" to view the license details of the record you just linked. From "Access my Account", you will be able to renew and amend linked licenses, access saved applications, and pay for violations or adjudications on your linked licenses Your Record Number is **AMD-2013-0000096.**

Do not click on the button below. To proceed, please click on "home" and then "Access My Account" From "Access my Account", you will be able to renew and amend linked licenses, access saved applications, and pay for violations or adjudications on your linked licenses.

View Record Details »

To view details and print this page for your records:

1. Click the View Record Details button to see details of the amendment record.
2. To expand a section, click the caret  or plus  sign.
3. Print this page by right clicking your mouse and selecting Print from the drop-down list.

**Record AMD-2013-0000078:
Amendment Record**

[Add to collection](#)

Work Location

Record Details

▼ **More Details**

☑ **Related Contacts**

Business Information information

Restaurant Associates
Josephs
JosephSCitizen@gmail.com

ITIN
COAAC 213456
Corporation
Yes
No

Designated Emergency Contact information

Mary Citizen
Primary Phone Number:800-925-0000
MaryCitizen@gmail.com

☑ **Application Information**

☑ **Application Information Table**

The Amendment Details page is continued below.

▶ **Fees**

▶ **Attachments**

▼ **Related Records**

[View Entire Tree »](#)

Record Number	Record Type	Project Name	Date Submitted	View
50001696	Food Service Establishment (general) License		03/05/2013	
AMD-2013-0000078	Amendment Record		03/19/2013	
APP-2013-0001312	Food Service Establishment (general)		03/05/2013	View

9. Account Management

The registered account holder can change their login or contact information using the **Account Management** page.



To make changes to your account information:

1. Click the [Account Management](#) link on any of the system's pages where it is visible.
2. On the **Manage Your Account** page, scroll through the sections.
3. Use the Edit button to open the page for that section and change or correct an entry.
4. Use the Add a Contact button to add another person to your account.
5. Use the Action links where available to open and view an item.

Manage Your Account

Your current account information is shown below. Click an Edit button to update information within a section.

Account Type

Citizen Account

Login Information

Edit

User Name: rahul
 E-mail: rahul@gcomsoft.com
 Password: *****
 Security Question: What is the brand of your first car?

Contact Information

Add a Contact

Showing 1-1 of 1 | [Download results](#)

First Name	Last Name	Business Name	Contact Type	Home Phone	E-mail	Full Name
Rahul	Bhosle		Individual Owner	212-333-3333	rahul@gcomsoft.com	Rahul Bhi

Trust Account Information

Delegates

Add a Delegate

People who can access my account
None

People whose account I can access
None

To change Login Information:

1. In the **Login Information** section, click the Edit button. The Login Information form opens.

Login Information [X]

* User Name: [josephscitizen] ⓘ ←

* E-mail address: [josephscitizen@gmail.com]

* Old Password: []

* New Password: []

* Confirm Password: []

* Select a Security Question: [What is the name of your first pet?] ⓘ

* Answer to Security Question: [Gino] ⓘ

Save Cancel

2. Change the desired information. Click the Save button. The changes take effect immediately. To keep the current information, click the Cancel link.
NOTE: If you change your security question or answer, make sure to remember it!
3. Contact Information cannot be changed, but additional contacts may be added.

Forgetting Your Password

Login

User Name or E-mail: []

Password: []

Login »

Remember me on this computer

[I've forgotten my password](#) ←

[New User? Register to get started.](#)

If you forget your password:

1. On the **Login** page, click [I've forgotten my password](#) link to have a new password sent to you by e-mail. You will need to provide your security question/answer for this process, so don't forget your answer!

10. Link to an Existing License

If you already have a license with the New York City Department of Health and Mental Hygiene, you must link your current license to your online account using the PIN mailed to you. Follow the steps below once you have received your PIN by mail.

If you have not received a PIN letter or if you have lost the PIN letter:

- Contact 311 to get a PIN, or
- Submit the PIN Request form.

To open the Request a PIN form:

1. On the Login page, click the **Request a PIN** [here](#) link.
2. Enter the requested information.
3. Click Submit to send the form.

Acela Contact Us Form - Microsoft Internet Explorer pro McAfee

http://www.n. Google

File Edit View Favorites Tools Help X Snagit

★ Favorites Acela Contact Us Form

Request a PIN to Access Records Online

A Personal Identification Number (PIN) allows you to link information about your Department of Consumer Affairs (DCA) or Department of Health and Mental Hygiene (DOHMH) records to your online account. You need a PIN to renew your existing DCA or DOHMH license or permit, and to submit requests and payments associated with your licenses or permits.

You do not need a PIN to apply for a new license.

If you received a renewal or billing notice after May 1, 2013 for your DOHMH permit or license, your PIN is printed on the notice.

To request your PIN, please submit the form below. Submit separate PIN requests to DCA and DOHMH. If you hold multiple licenses or permits from one Agency, you can provide all your license numbers in the field below. A representative will contact you within 48 hours of your request Monday through Thursday. Allow extra time for requests submitted Friday through Sunday.

Name*:

Company Name:

Email*:

Confirm Email*:

I would like a PIN from*:

Record Number, CAMIS ID, or License Number*:

(Enter multiple numbers separated by commas)

Street Address:

City:

State:

Zip Code:

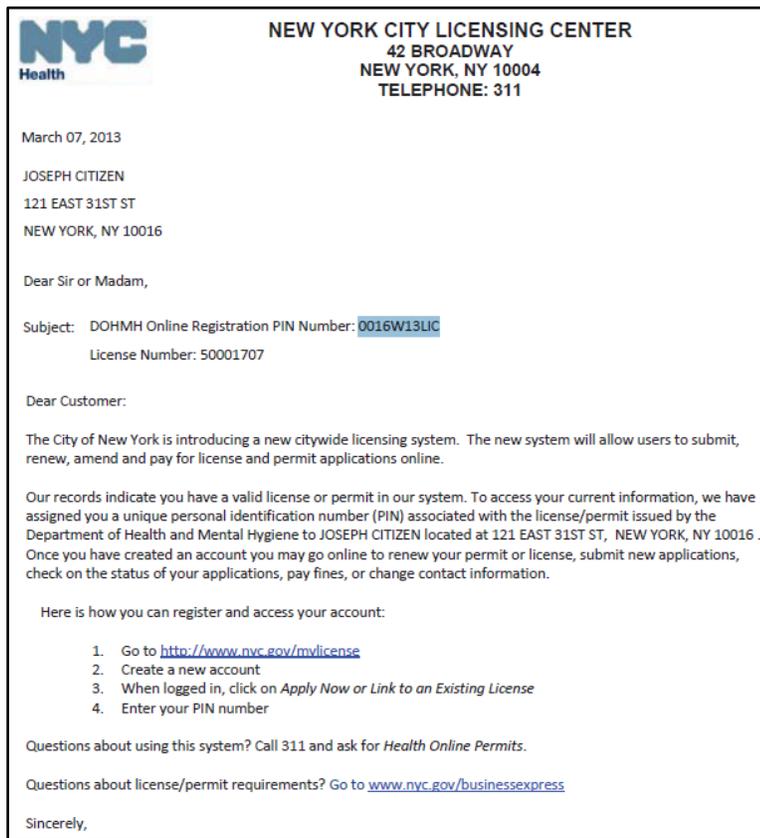
Submit

If you need a PIN immediately or if you do not get a response within three business days, call 311 and ask for NYC Online Licensing Service - Assistance and PIN Request. Assistance is available during business hours.

Use the following steps to link to an existing license or permit:

1. Login
2. Select an Online Service
3. Agree to Terms
4. Access an Existing License
5. PIN Registration
6. Review
7. Complete

The following is a sample of a PIN letter.



Step 1: Login

1. On the **Login** page, enter Username or e-mail address. Enter Password. Click Login button.

Login

User Name or E-mail:

Password:

Step 2: Select an Online Service

The **Welcome** page displays.

2. On the **Welcome** page, in the Business – DOHMH link box, click the link: [Select an Online Service](#).

Welcome **Rahul Bhosle**
You are now logged in.

Businesses:
To apply for a license or permit, go to [DCA Business Toolbox](#) or [Health Department Licenses and Permits](#) to read requirements, then continue to online applications.

Select **Access My Account** below to:

- Renew and amend licenses once you have linked your licenses with a PIN
- Access saved applications
- Pay for violations once you have linked your licenses or permits with a PIN

PLEASE NOTE: If you are renewing, amending, or paying for a violation, you will first need to link your license or permit to your account with your PIN. If you do not have a PIN and need one, you can:

- Request a PIN [here](#)
- Or call 311 and ask for "NYC Online Licensing Service - Assistance and PIN Request."

Consumers
[Search for a DCA Licensee](#)

Businesses - DOHMH
[Select an Online Service](#)
[Access My Account](#)

Step 3: Agree to Terms

The **Online Services Affirmation** page displays the terms for applying for licenses or permits.

To Register a PIN for an existing license:

1. On the **Online Services Affirmation** page, read the terms.
2. Mark the "I have read and accepted the above terms." check box.
3. Click the Continue button.

NOTE: You will need to do this each time you register a PIN.

Online Services

Welcome. Using the City's online services, you can submit requests and payments, track the status of requests, and print your final records ... from anywhere, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the Affirmation below before beginning your request.

Read this section if you are filing a complaint or requesting an inspection or adjournment:

By checking the box below and continuing, I affirm that I will submit a request that is true, correct, and complete.

Read this section if you are applying, renewing, or amending licenses/permits:

I am authorized to complete and submit this application and all attachments

I have read and accepted the above terms.

Continue

Step 4: Access an Existing License

Current licensees will select the check box for “**Link an Existing License to your Account with your PIN” to associate their login information to their existing license number on the system’s database.

To select a License Type:

1. Mark the check box for: “**Link an Existing License to your Account with your PIN”. Click Continue.
2. Click the Continue button. The **PIN Entry** page displays.

Link an Existing License or Apply for a New License

PIN Holders:
If you have received a PIN and seek to link your license to your account, please select “**Link an Existing License to your Account with your PIN” and click “Continue.” This will allow you to link your licenses to your account so that you may renew or amend your information.

Current Licensees:
If you have already linked your license to your account with a PIN, and wish to amend or renew your license, please click on the “Home” tab above, and from the “Home” page, click on “Access My Account”.

New Applicants:
If you are applying for a new license, please select your license from the choices below and click “Continue.”

Search

HEALTH

**Link an Existing License to your Account with your PIN

Adding Chemicals to Water Supply

Adding Chemicals to Water Supply - Fee-Exempt

Barber Shop

Bathing Beach: Seasonal

Bathing Beach: Seasonal (Fee-exempt)

Bathing Establishment with Pool - Seasonal

Bathing Establishment with Pool - Seasonal (Fee-exempt)

Bathing Establishment with Pool - Yearly

Bathing Establishment with Pool - Yearly (Municipal/Not-for-Profit)

Bathing Establishment without Pool - Seasonal

Bathing Establishment without Pool - Seasonal (Fee-exempt)

Continue

Step 5: PIN Registration

The **PIN Registration** page displays.

PIN Entry

1 Pin Registration 2 Review 3 Complete

Step 1 : Pin Registration > Pin Registration page

Please enter PIN in the "PIN from Mailer" field and select the "Continue" button to access your Applications, Licenses and Violation records

* indicates a required field.

PIN registration page

REGISTER USING PIN

* PIN from Mailer: 0016W13LIC

Continue Save and resume later:

5. Enter the PIN number that you received. Click the Continue button.

Step 6: Review

The **Review** page displays your PIN entry.

PIN Entry

1 Pin Registration 2 Review 3 Complete

Step 2 : Review

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

PIN Entry

PIN registration page

REGISTER USING PIN

PIN from Mailer: 0016W13LIC

Edit

Continue Save and resume later:

6. Review the entry, click Continue if correct. Click the Edit button to change your PIN Code (if needed).

Step 7: Complete

The **Record Complete** page displays the Record Number associated with your current license or permit.

Home

PIN Entry

1 Pin Registration 2 Review 3 Complete

Step 3 : Complete

Your transaction has been successfully submitted. Click on Home tab and then My Licenses & Applications to check the status of your applications, view license details or pay violation penalties.

You are now ready to access your linked record, Click on the Home tab above and then "Access My Account" to view the license details of the record you just linked. From "Access my Account", you will be able to renew and amend linked licenses, access saved applications, and pay for violations or adjudications on your linked licenses Your Record Number is **1313LIC-00000-0019V**.

To proceed, please click on **Access My Account** of the Home tab. It is not necessary to click on the "View Record Details" button below.

View Record Details >

7. On the PIN Entry Complete page:
 - a. To print the receipt: Right click your mouse. Select Print from the drop-down list. Complete instructions on the pop up print form.
 - b. To navigate to your account list: Click the Access My Account link to view your license or permit and pay any violations.
 - c. To navigate to the **Welcome** page: Click the **Home** tab.
 - d. To view entries in each section of the record: Click the View Record Details button.

11. Mobile Food Vending

New York City licenses food carts and trucks. The Department of Health and Mental Hygiene (DOHMH) Mobile Food Vending (MFV) Program administers the licenses, permits, the MFV Permit Lottery, and inspections that are associated with Mobile Food Vending.

To run a food-selling business from a pushcart or truck, you must have either a year-round or seasonal license photo ID badge, known as a Mobile Food Vendor Personal License. To obtain an MFV License, you must take the Health Academy Food Protection Course and pass the examination. You must also have a decal permit, known as a Mobile Food Vending Unit Permit, for any pushcart or truck where food is sold.

Any citizen can apply online for the Mobile Food Vendor Address Book. The MFV Address Book application captures the citizen's contact information and preferences for type of cart (MFV or Green) and NYC Borough locations desired. The MFV Address Book is used as a source for entrants to the MFV Permit Lottery that is run for each cart type/NYC Borough location. "Winners" of each lottery are added to the Food Cart Waiting List.

New permits are available only to those licensed vendors who were placed on the Food Cart Waiting List and notified by the Department of Health to apply for the unit permit. If you are notified, you must file an application online or in person at the Department of Consumer Affairs (DCA) Licensing Center. You must then contact the Department of Health to schedule an inspection appointment and have a permit sticker affixed to the pushcart or truck. The permit expires two years from the previous expiration date.

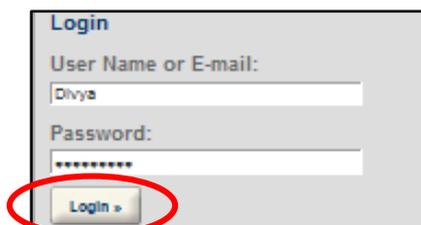
Instructions are presented in this section below to apply for the Health MFV Address Book and for a Health MFV License along with the required Health Academy Food Protection Course registration.

Apply for the MFV Address Book

Use the following steps to apply for the Mobile Food Vendor Address Book:

1. Step 1: Login
2. Step 2: Select an Online Service
3. Step 3: Agree to Terms
4. Step 4: Select MFV Address Book
5. Step 5: MFV Address Book Contact Information
6. Step 6: MFV Address Book Cart Type and Location
7. Step 7: Review
8. Step 8: Complete

Step 1: Login



The image shows a login form with the following fields and elements:

- Login** (Section Header)
- User Name or E-mail:** Input field containing the text "Divya".
- Password:** Input field containing a series of asterisks "*****".
- Login >** Button, which is circled in red.

1. On the **Login** page, enter Username or e-mail address. Enter Password. Click Login button.

Step 2: Select an Online Service

The **Welcome** page displays.



2. On the **Welcome** page, click the link: Select an Online Service.

Step 3: Agree to Terms

The **Online Services Affirmation** page displays.

A screenshot of the "Online Services Affirmation" page. The page title is "Online Services". The text reads: "Welcome. Using the City's online services, you can submit requests and payments, track the status of requests, and print your final records ... from anywhere, 24 hours a day." Below this, it says: "Please 'Allow Pop-ups from This Site' before proceeding. You must accept the Affirmation below before beginning your request." There are two sections of terms: "Read this section if you are filing a complaint or requesting an inspection or adjournment:" followed by "By checking the box below and continuing, I affirm that I will submit a request that is true, correct, and complete." and "Read this section if you are applying, renewing, or amending licenses/permits:" followed by "I am authorized to complete and submit this application and all attachments". At the bottom, there is a checkbox with a checkmark and the text "I have read and accepted the above terms." A red arrow points to this checkbox. Below the checkbox is a "Continue" button, which is circled in red.

3. On the **Online Services Affirmation** page, read the terms. Mark the "I have read and accepted the above terms." check box. Click the Continue button.

Step 4: Select MFV Address Book

The **License/Permit Selection** page displays. To locate a desired License or Permit name, you can filter the list displayed by entering a key word in the search field provided and clicking Search, or you can use the scroll bar to navigate down the list until the desired license or permit name appears.

4. To Locate a License or Permit:
 - a. On the **License/Permit Selection** page, enter a key word in the Search box, and click Search button. The search results display the selections for your key word.

b. Mark the check box for: “**Mobile Food Vendor Address Book**”. Click Continue.

c. The **Contact** page displays.

Step 5: MFV Address Book Contact Information

5. On the **Contact** page, enter requested information:
 - a. Select Type of Contact from drop-down as Business Information, or Individual Owner. For our example: we have selected “Individual Owner”.

Contact List
Showing 1-1 of 1

Full Name	Business Name	Contact Type	E-mail	Action
Shelly Citizen		Individual Owner	shelly@hotmail.com	Edit Delete

Add Contact Import All Associated Contacts
 Auto-fill with: Rahul Bhosle

*Type of Contact: Individual Owner (dropdown) ?

Legal Structure: Individual Owner (dropdown)

*First Name: Frank
 *Last Name: Citizen
 Title: President (dropdown)
 *E-mail address: Frank@hotmail.com
 *SSN/ITIN: 123-45-6789
 Did you enter SSN or ITIN?: SSN (dropdown)
 NYS Sales Tax ID #: 987654321 ?
 Are you the individual whose information is listed above?: Yes (dropdown)
 *Phone Number: 212-925-0000
 TTY Phone:
 Date of Birth: ?
 Gender: Female Male ?
 Primary Language:
 DBA/Trade Name: Frank's Place

b. Enter Contact information for the displayed fields on the refreshed **Contact** page.

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)
Showing 0-0 of 0

Address Type	Address	Action
No records found.		

Add Contact Address

Contact Address

Address Type: Mailing (dropdown)

Building #: 121 Street 1: East 31st Street

Apt/Suite/Other: Apt

Street 2:

City: New York State: NY ZIP Code: 10016

Country: United States (dropdown)

c. Enter Contact Address fields displayed.

d. Click the Save Address button. The **Matching Address Results** list displays.

e. On the **Matching Address Results** list, click a button for the desired address. Click Select. The selected Contact Address is saved to the Contact Address List.

Save and resume later:

- f. Click the Save button. The Contac is saved to the Contact List.
- g. Click the Continue button. The **Application Specific Info** page opens.

NOTE: At the bottom of the page, you can click the Continue button to create the address book record (ADB-YYYY-9999999) or click Save and resume later icon button for a temporary record (TMP) that can be completed in a later session.

Step 6: MFV Address Book Cart Type and Location

- 6. On the **Application Specific Info** page, mark the check boxes for all the desired Permit Types. Click the Continue button.

Mobile Food Vendor Address Book

1 Contact Information 2 **Application Specific Info** 3 Review 4 Complete

Step 2: Application Specific Info > Permit Types * indicates a required field.

ASI

PERMIT TYPES

Seasonal Citywide:

Full-term Citywide:

Full-term Brooklyn:

Full-term Bronx:

Full-term Queens:

Full-term Staten Island:

Full-term Restricted Area:

Full-term Citywide list for Disable U.S. Veterans:

Full-term Citywide list for Non-Disable U.S. Veterans:

Full-term Citywide list for Disable Person (Non Veterans):

Manhattan Green Cart:

Brooklyn Green Cart:

Bronx Green Cart:

Queens Green Cart:

Staten Island Green Cart:

Save and resume later: 

Continue

Step 7: Review

The **Review** page displays.

Mobile Food Vendor Address Book

1 [Contact information](#) 2 [Application specific info](#) 3 **Review** 4 [Complete](#)

Step 3 : Review

[Continue](#) Save and resume later:

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Mobile Food Vendor Address Book

Contact List [Edit](#)

Contact List
Showing 1-2 of 2

Full Name	Business Name	Contact Type	E-mail	Action
Shelly Citizen		Individual Owner	shelly@hotmail.com	Edit
Frank Citizen		Individual Owner	Frank@hotmail.com	Edit

ASI [Edit](#)

PERMIT TYPES

Seasonal Citywide:	Yes
Full-term Citywide:	Yes
Full-term Brooklyn:	Yes
Full-term Bronx:	Yes
Full-term Queens:	No
Full-term Staten Island:	No
Full-term Restricted Area:	No
Full-term Citywide list for Disable US Veterans:	No
Full-term Citywide list for Non-Disable US Veterans:	No
Full-term Citywide list for Disable Person (Non Veterans):	No
Manhattan Green Cart:	Yes
Brooklyn Green Cart:	Yes
Bronx Green Cart:	Yes
Queens Green Cart:	No
Staten Island Green Cart:	No

[Continue](#) Save and resume later:

- Review and click the Edit button in each section to change an entry (if needed). Click Continue.

Step 8: Complete

The **Record Complete** page displays the Record Number associated with your MFV Address Book record.

9. On the MFV Address Book Complete page:
 - a. To print the receipt: Right click mouse. Select Print from the drop-down list. Complete pop up print form.
 - b. To navigate to your account list: Click the [Access My Account](#) link.
 - c. To navigate to the **Welcome** page: Click the **Home** tab.
 - d. To view entries in each section of the Address Book record: Click the View Record Details button.

Apply for an MFV License

Instructions are presented in this section to apply for a full term year-round or seasonal temporary Mobile Food Vendor Personal License / photo ID badge. An MFV License is needed to run a food-selling business from a pushcart or truck. To complete the requirements for obtaining an MFV License, you must take the Health Academy Food Protection Course and pass the examination.

Use the following steps to apply for the Mobile Food Vending Full-Term or Seasonal License:

1. Login
2. [Select an Online Service](#)
3. Agree to Terms
4. Select an MFV License
5. MFV License Establishment Address

6. MFV License Contact Information and Email Affirmation
7. MFV License Application Specific Information
8. MFV License Documents
9. Review
10. Complete

Step 1: Login

1. On the **Login** page, enter Username or e-mail address. Enter Password. Click Login button.

Step 2: Select an Online Service

2. On the **Welcome** page, click the link: Select an Online Service.

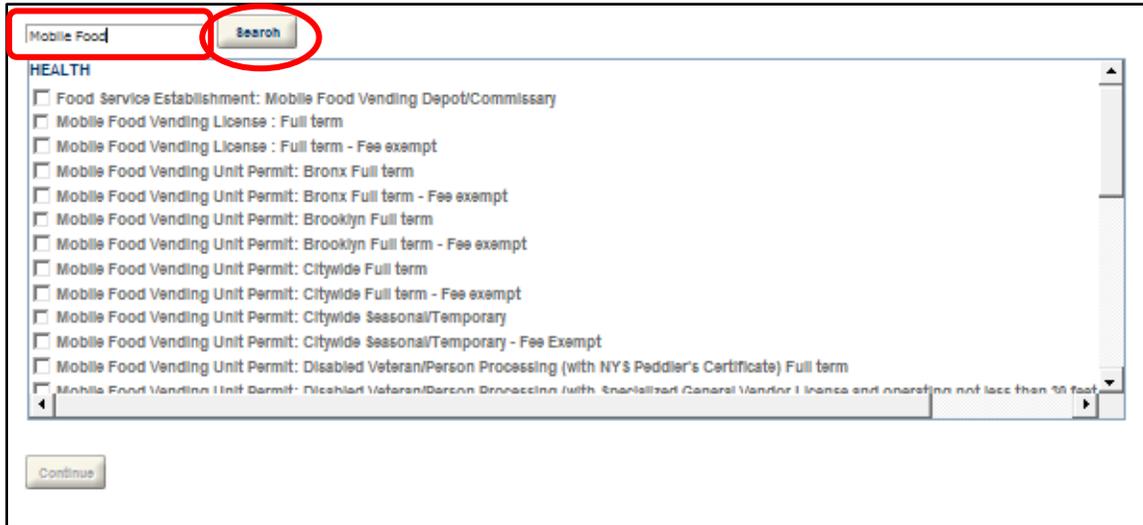
Step 3: Agree to Terms

The **Online Services Affirmation** page displays.

3. On the **Online Services Affirmation** page, read the terms. Mark the “I have read and accepted the above terms.” check box. Click the Continue button.

Step 4: Select an MFV License

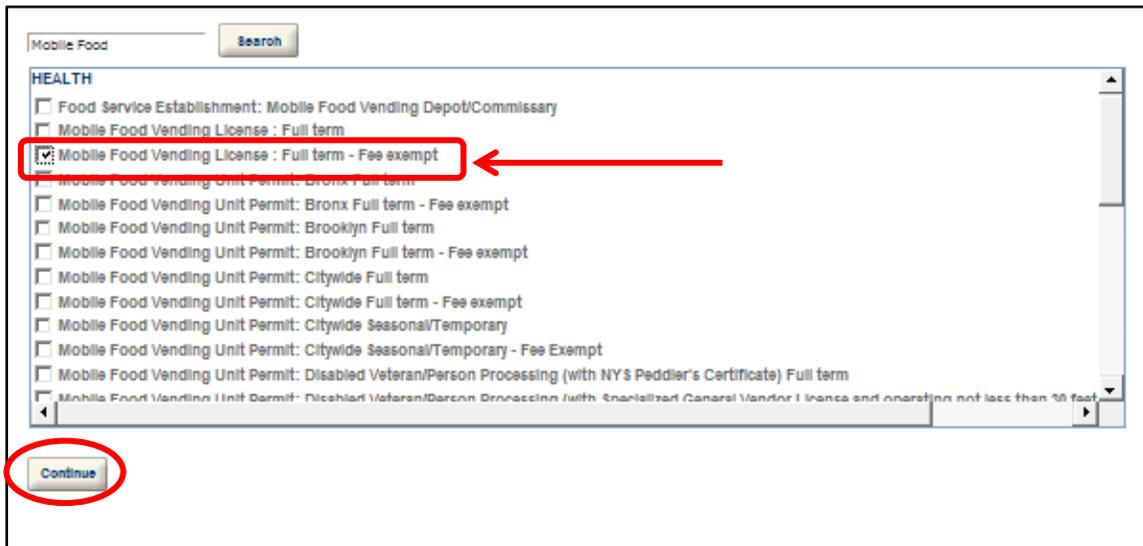
The **License/Permit Selection** page displays.



HEALTH

- Food Service Establishment: Mobile Food Vending Depot/Commissary
- Mobile Food Vending License : Full term
- Mobile Food Vending License : Full term - Fee exempt
- Mobile Food Vending Unit Permit: Bronx Full term
- Mobile Food Vending Unit Permit: Bronx Full term - Fee exempt
- Mobile Food Vending Unit Permit: Brooklyn Full term
- Mobile Food Vending Unit Permit: Brooklyn Full term - Fee exempt
- Mobile Food Vending Unit Permit: Citywide Full term
- Mobile Food Vending Unit Permit: Citywide Full term - Fee exempt
- Mobile Food Vending Unit Permit: Citywide Seasonal/Temporary
- Mobile Food Vending Unit Permit: Citywide Seasonal/Temporary - Fee Exempt
- Mobile Food Vending Unit Permit: Disabled Veteran/Person Processing (with NYS Peddler's Certificate) Full term
- Mobile Food Vending Unit Permit: Disabled Veteran/Person Processing (with Specialized General Vendor License and operating not less than 50 feet

4. To Locate a License or Permit:
 - a. On the **License/Permit Selection** page, enter a key word in the Search box, and click Search button. The search results display the selections for your key word.



HEALTH

- Food Service Establishment: Mobile Food Vending Depot/Commissary
- Mobile Food Vending License : Full term
- Mobile Food Vending License : Full term - Fee exempt
- Mobile Food Vending Unit Permit: Bronx Full term
- Mobile Food Vending Unit Permit: Bronx Full term - Fee exempt
- Mobile Food Vending Unit Permit: Brooklyn Full term
- Mobile Food Vending Unit Permit: Brooklyn Full term - Fee exempt
- Mobile Food Vending Unit Permit: Citywide Full term
- Mobile Food Vending Unit Permit: Citywide Full term - Fee exempt
- Mobile Food Vending Unit Permit: Citywide Seasonal/Temporary
- Mobile Food Vending Unit Permit: Citywide Seasonal/Temporary - Fee Exempt
- Mobile Food Vending Unit Permit: Disabled Veteran/Person Processing (with NYS Peddler's Certificate) Full term
- Mobile Food Vending Unit Permit: Disabled Veteran/Person Processing (with Specialized General Vendor License and operating not less than 50 feet

- b. Mark the check box for the desired license.
- c. Click Continue. The **Contact** page displays.

Step 5: MFV License Establishment Address

Mobile Food Vending License : Full term - Fee exempt

1 Establishment Information | 2 Contact Information | 3 Application Specific Info | 4 Upload Documents | 5 Review | 6

Step 1: Establishment Information > Establishment Address * indicates a required field.

Establishment Address

Enter address where business will operate and select the **Validate** button. For Rental Horse License, please enter stable address.

* Building #: * Street 1:

Street 2:

Unit Type: Unit:

* City: * State: * Zip:

* Address Type: * Borough:

BIN: BBL:

CommunityDistrict: CouncilDistrict:

HouseNumber: PolicePrecinct:

91 search results returned matching your address
Click any of the results below to view more details.
Showing 1-10 of 91

Address	City	State	Zip	Parcel	Owner
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 1B, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 1C, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 1D, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 1E, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 1F, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 1G, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 2A, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 2B, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 2C, APT	NEW YORK	NY	10016-6835		
121 E 31ST ST, NEW YORK, NY, NEW YORK 10016-6835, 2D, APT	NEW YORK	NY	10016-6835		

< Prev 1 2 3 4 5 6 7 8 9 10 Next >

Save and resume later:

5. To enter an Establishment Address:

- a. Type an entry or select from the dropdown list for fields with a **red asterisk (*)**.
- b. Click the **Validate** button. The **Establishment Address** page refreshes to display search results.
- c. Click the link to the desired address. The selected address fills the fields in the Establishment

Address page.

- d. Click Continue.

NOTE: For best results when entering an address, spell out the words “North”, “South”, “East”, and “West”.

When the zip code field is left blank, the validate function supplies a valid zip code for the address. If the building #, floor/unit and unit type are left blank, the validate function may retrieve multiple addresses for the street name, city and state entered. Click an address link to select the address desired from the list of addresses displayed.

If the validate function cannot locate the address entered, a “No records found” error message displays in the Address list. Click the Clear button to blank out the fields, re-enter the correct information, and click the Validate button. Repeat as often as necessary to enter a US Post Office valid mailing address.

When a valid address is selected, the address fills the Establishment Address fields and the fields appear with a grey background.

Mobile Food Vending License : Full term - Fee exempt

1 Establishment Information | 2 Contact Information | 3 Application Specific Info | 4 Upload Documents | 5 Review | 6

Step 1 : Establishment Information > Establishment Address * indicates a required field.

Establishment Address

Enter address where business will operate and select the **Validate** button. For Rental Horse License, please enter stable address.

*Building # * Street 1:

Street 2:

Unit Type: Unit

* City: * State: * Zip:

* Address Type: * Borough:

BIN: BBL:

CommunityDistrict: CouncilDistrict:

HouseNumber: PolicePrecinct:

Save and resume later:

Step 6: MFV License Contact Information and Email Affirmation

Mobile Food Vending License : Full term - Fee exempt

1 Establishment Information 2 **Contact Information** 3 Application Specific Info 4 Upload Documents 5 Review 6

Step 2 : Contact Information > Applicant & Other Contacts * indicates a required field.

Application Contacts

Applying as a Corporation, Partnership, or Not-for-Profit?
Select "Business Information" as your Type of Contact and complete the required fields. Businesses also have the opportunity to provide a complete list of the responsible individuals within their organization. To add each individual's information to your application, please select "Other Contact" as the Type of Contact and complete the required fields that appear.

Applying as an Individual or Sole Proprietorship?
Select "Individual Owner" as your Type of Contact and complete the required fields that appear.

Emergency Contact?
Unless a "Designated Emergency Contact" is specified, the applicant will be assumed to be the Emergency Contact. To identify someone other than the applicant to be contacted in the event of an emergency, please select "Designated Emergency Contact" as the Type of Contact and complete the required fields that appear.

Contact List
Showing 0-0 of 0

Full Name	Business Name	Contact Type	E-mail	Action
No records found.				

▼ Add Contact Import All Associated Contacts

Auto-fill with

*Type of Contact: ? Legal Structure: *

*First Name: *Last Name:

Title: *E-mail address:

*SSN/ITIN: Did you enter SSN or ITIN?: *

NYS Sales Tax ID #: * ? Are you the Individual whose information is listed above?: *

*Phone Number: TTY Phone:

Date of Birth: ? Gender: Female Male ?

Primary Language: DBA/Trade Name:

6. On the **Contact** page, enter requested information:
 - a. Select Type of Contact from drop-down as Business Information, or Individual Owner. For our example: we have selected "Individual Owner".
 - b. Enter Contact information for the displayed fields on the refreshed **Contact** page.

Contact Address List (Add a Mailing Address below, if different from the Establishment Address provided)

Showing 0-0 of 0

Address Type	Address	Action
No records found.		

▼ Add Contact Address

Contact Address

Address Type:
Mailing

Building #: 121 Street 1: East 31st Street

Apt/Suite/Other:
Apt

Street 2:

City: New York State: NY ZIP Code: 10016

Country: United States

Save Address Cancel Clear

- c. Enter Contact Address fields displayed.
- d. Click the Save Address button. The **Matching Address Results** list displays.
- e. On the **Matching Address Results** list, click a button for the desired address. Click Select. The selected Contact Address is saved to the Contact Address List.

Save Cancel Clear

- f. Click the Save button. The Contact is saved to the Contact List.

Contact List

✔ Contact added successfully.

Showing 1-1 of 1

Full Name	Business Name	Contact Type	E-mail	Action
Frank Citizen		Individual Owner	Frank@hotmail.com	Edit Delete

- g. Mark the checkboxes for the **Email Affirmation** questions:
 1. Yes - to receive notices by email, No – to receive notices by postal mail.
 2. Yes – to received Health Department publications, No – to decline receiving publications.

E-mail Affirmation

EMAIL AFFIRMATION

* I agree to receive all official notices from the Department of Health only by email at the email address provided in this application. An official notice is any correspondence from the Department of Health that requires a response by a certain date. 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:

Yes No

* 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:

Yes No

Continue Save and resume later:

h. Click the Continue button. The **Application Specific Info** page opens.

NOTE: Click Continue to create an application record (APP-YYYY-9999999) or Save and resume later for a temporary record (TMP) that can be completed later.

Step 7: MFV License Application Specific Information

7. On the **Application Specific Info** page: Enter the Applicant Information. Click the Continue button.

Mobile Food Vending License : Full term - Fee exempt

1 Establishment information | 2 Contact information | **3 Application specific info** | 4 Upload Documents | 5 Review | 6

Step 3 : Application Specific Info > Applicant Information * indicates a required field.

Applicant Information

APPLICANT INFORMATION

* Date of Birth:

* Height - Feet:

* Height - Inches:

* Weight:

* Gender:

* Eye-Color:

Continue Save and resume later:

Step 8: MFV License Documents

On the **Upload Documents** page: Click the Upload Documents button to select files previously scanned into your computer which match the System Message list of required documents.

NOTE: If you need more time to gather your documents, click the Save and resume later button. This saves the application as a temporary (TMP) record on the **My Accounts** list page. When you are ready, locate your TMP record and click the [Resume Application](#) link.

NOTE: Before uploading the documents, you can electronically scan each paper document as a separate file on your computer. The maximum file size allowed is 15 MB. Various file types are allowed. Here is a partial list of extensions for file types allowed: PDF, JPG, GIF, PNG, XLS, XLSX, DOC, DOCX, VSD, and TXT. Any file type that is not allowed will not upload to the system.

System Message:

In order for your application to be processed, based on the information provided, you are required to upload the following documents::

- **Proof of Tax Identification :** Please upload one of the following documents - New York State Certificate of Authority to Collect Sales Tax -OR- Federal Employer Identification Number (EIN) -OR- Copy of Social Security Card
- **Proof of Home Mailing Address :** Please upload one of the following documents - Valid Driver's License, Valid DMV Non-Driver ID Card, Utility Bill, Lease or Mortgage, Bank or Credit Card Statement, or Affidavit of Home Address.
- **Social Security Card**
- **Copy of Photo Identification :** Please upload one of the following documents - Valid Driver's License, Valid DMV Non-Driver ID Card, Alien Registration Card or Naturalization Certificate, U.S. or Foreign Passport, or U.S Government Agency-Issued Photo ID.
- **Food Protection Course for Mobile Food Vendors**

Mobile Food Vending License : Full term - Fee exempt

1 2 **Contact information** 3 **Application Specific Info** 4 **Upload Documents** 5 Review 6 Complete

Step 4 : Upload Documents > Documents *indicates a required field.

Attachment

Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update	Action
No records found.				

Upload Documents Save and resume later:

Continue

8. On the **Upload Documents** page, to upload documents:
 - a. On the **Documents** page, click the Upload Documents button to open the **File Upload** window.
 - b. On the **File Upload** window, click the Select Files button to open the **Locator** window.
 - c. On the **Locator** window, select a document to upload, click Open. Document shows on File Upload.

File Upload X

The maximum file size allowed is 15 MB.

Select Files Clear List

Federal Tax Certificate.pdf	82.43 KB	Finished	✓
PassPort.PNG	273.59 KB	Finished	✓

File(s): **2** 521.96 KB 100%

Finish Cancel

- d. The document appears on the **File Upload** window.
- e. On the **File Upload** window, repeat above steps for each document. Click the Finish button to upload the documents.
- f. In the **Documents** section, select the Type and complete the Description for each document uploaded. Click the Remove link to discard a document in this section.

Documents

Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update
No records found.			

* Type: Remove

Proof of Federal Employer Identifica

File:
Federal Tax Certificate.pdf

* Description:
IRS FEIN Certificate

- g. At the bottom of the **Documents** page, click the Save button to store the documents.

Save Upload Documents Clear All

- h. A message may display that the documents have uploaded successfully.
- i. The document attachments are listed on the **Upload Documents** page.

Attachment

Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update	Action
Con Edison Utility Bill.docx	Proof of Home Mailing Address	14.36 KB	10/23/2013	Actions
PassPort.PNG	Copy of Photo Identification	273.59 KB	10/23/2013	Actions
Federal Tax Certificate.pdf	Proof of Tax Identification	82.43 KB	10/23/2013	Actions

View Details
Delete

- j. On the Actions list, click View Details for information, or click Delete to remove the document.
- k. Click the Upload Documents button to upload another document.

Upload Documents

Continue

Save and resume later:

- l. At the bottom of the **Documents** page: click Continue to proceed with the application, or click the Save and resume later page icon to create a partial application. A message displays the temporary record number to access in a future online session.

Step 9: Review

9. On the **Review** page click the Edit button in each section to change an entry (if needed). Click Continue.

Mobile Food Vending License : Full term - Fee exempt

1 | 2 Contact Information | 3 Application Specific Info | 4 Upload Documents | **5 Review** | 6 Complete

Step 5 : Review

[Continue](#) Save and resume later:

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Mobile Food Vending License : Full term - Fee exempt

Establishment Address [Edit](#)

121 E 31ST ST, NEW YORK, NY, 10016-6835, 1B, APT
 Address Type: Complete Address
 BBL: 1008870014
 BIN: 1018463
 Borough: Manhattan
 HouseNumber: 121

Application Contacts [Edit](#)

Contact List
Showing 1-1 of 1

Full Name	Business Name	Contact Type	E-mail	Action
Frank Citizen		Individual Owner	Frank@hotmail.com	Edit

E-mail Affirmation [Edit](#)

E-MAIL AFFIRMATION

I agree to receive all official notices from the Department of Health only by email at the email address provided in this application. An official notice is any correspondence from the Department of Health that requires a response by a certain date. 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.

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:

Applicant Information [Edit](#)

APPLICANT INFORMATION

Date of Birth: 01/10/1962
 Height - Feet: 6
 Height - Inches: 1
 Weight: 185
 Gender: Male
 Eye-Color: Blue

Attachment [Edit](#)

Note: You can scan multiple documents into one file and upload below

Name	Type	Size	Latest Update	Action
Con Edison Utility Bill.docx	Proof of Home Mailing Address	14.36 KB	10/23/2013	Actions ▼
PassPort.PNG	Copy of Photo Identification	273.59 KB	10/23/2013	Actions ▼
Federal Tax Certificate.pdf	Proof of Tax Identification	82.43 KB	10/23/2013	Actions ▼

Step 10: Complete

The **Record Complete** page displays the Record Number associated with your MFV License record.

Home

Mobile Food Vending License : Full term - Fee exempt

1 2 Contact Information 3 Application Specific Info 4 Upload Documents 5 Review 6 Complete

Step 6 : Complete

You have successfully completed your transaction. To view, renew, or amend your licenses, or to pay for violations on your licenses, please click on "Access My Account" below or from the homepage.

To view, renew, or amend your licenses, or to pay for violations on your licenses, please access your account:

[Access My Account](#)

You may also access your account at any time by clicking on the Home tab above and then clicking on "Access My Account" from the home page. All licenses that you have applied for through this system or linked via your PIN should be visible from your account. From your account, you will be able to renew and amend licenses, view information about your licenses, access saved applications, and pay for violations on your licenses.

Your Receipt Number for this transaction is APP-2013-0020648.

A notice was added to this record on 10/23/2013.
Condition: Social Security Card Severity: Notice
Total Conditions: 6 (Notice: 6)

[View additional details](#)

To proceed, please click on [Access My Account](#) or the Home tab. It is not necessary to click on the "View Record Details" button below.

[View Record Details >](#)

10. On the MFV License Complete page:

- To print the receipt: Right click mouse. Select Print from the drop-down list. Complete pop up print form.
- To navigate to your **My Account** page: Click the [Access My Account](#) link.
- To view conditions for this transaction: Click the [View Additional Details](#) link.

NOTE: For an applicant to be eligible for an MFV License, the applicant must register for the Health Academy Food Protection Course, take the course, and pass the written exam. We will register for the Food Protection Course in the next section.

Your Receipt Number for this transaction is APP-2013-0020648.



A notice was added to this record on 10/23/2013.
Condition: Social Security Card Severity: Notice
Total Conditions: 6 (Notice: 6)

[Hide additional details](#)

Conditions

Instructional text on how to read the document requirements listed below will go here.

Showing 1-5 of 6

Miscellaneous - 1 Applied

Miscellaneous

Applicant's Photograph

Applicant's Photograph

Applied | Notice | 10/23/2013

Required Documents - 5 Applied

License Required Documents

Copy of Photo Identification

Valid Driver's License, Valid DMV Non-Driver ID Card, Alien Registration Card or Naturalization Certificate, U.S. or Foreign Passport, or U.S Government Agency-Issued Photo ID.

Applied | Notice | 10/23/2013

Food Protection Course for Mobile Food Vendors

Food Protection Course for Mobile Food Vendors

Applied | Notice | 10/23/2013

Proof of Home Mailing Address

Valid Driver's License, Valid DMV Non-Driver ID Card, Utility Bill, Lease or Mortgage, Bank or Credit Card Statement, or Affidavit of Home Address

Applied | Notice | 10/23/2013

Proof of Tax Identification

New York State Certificate of Authority to Collect Sales Tax -OR- Federal Employer Identification Number (EIN) -OR- Copy of Social Security Card

Applied | Notice | 10/23/2013

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Register for the Food Protection Course

To complete the requirements for obtaining an MFV License, you must take the Health Academy Food Protection Course and pass the examination. Instructions are presented in this section to register for the required Health Academy Food Protection Course.

Use the following steps to register for the Health Academy Food Protection Course which completes the application for a Mobile Food Vending Full-Term or Seasonal License:

1. Navigation
2. Select the MFV License Application Record
3. View MFV License Application Record Details
4. Schedule a Health Academy Course
5. Pay for the Health Academy Course
6. Receipt

Step 1: Navigation

Mobile Food Vending License : Full term - Fee exempt

1 2 Contact Information 3 Application Specific Info 4 Upload Documents 5 Review 6 Complete

Step 6 : Complete

You have successfully completed your transaction. To view, renew, or amend your licenses, or to pay for violations on your licenses, please click on "Access My Account" below or from the homepage.

To view, renew, or amend your licenses, or to pay for violations on your licenses, please access your account:

Access My Account

You may also access your account at any time by clicking on the Home tab above and then clicking on "Access My Account" from the home page. All licenses that you have applied for through this system or linked via your PIN should be visible from your account. From your account, you will be able to renew and amend licenses, view information about your licenses, access saved applications, and pay for violations on your licenses.

Your Receipt Number for this transaction is APP-2013-0020648. ←

1. Click the Access My Account on the **MFV License Application Complete** page or the **Welcome** page.

Businesses - DOHMH

Select an Online Service

Access My Account ←

Step 2: Select the MFV License Application Record

My Account

Please select an action from the below list

Showing 1-10 of 80 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/> Record Number	Record Type	Status	Action
<input type="checkbox"/> 41743534	Mobile Food Vending License : Full term - Fee exempt - License	Current	
<input type="checkbox"/> 41712183	Food Service Establishment (general) License	Terminated	Pay Fees Due
<input type="checkbox"/> 50020958	Mobile Food Vending License : Full term - Fee exempt - License	Pending Application	
<input type="checkbox"/> APP-2013-0020648	Mobile Food Vending License : Full term - Fee exempt	Pending Application	
<input type="checkbox"/> 13TMP-026845	Barber Shop		Resume Application
<input type="checkbox"/> 13TMP-026837	Building Water Tank Cleaning,Painting and Coating Permit		Resume Application
<input type="checkbox"/> 13TMP-026839	Barber Shop		Resume Application
<input type="checkbox"/> 13TMP-026811	Barber Shop		Resume Application
<input type="checkbox"/> APP-2013-0020641	Barber Shop	Pending Application	
<input type="checkbox"/> 13TMP-026819	Barber Shop		Resume Application

< Prev 1 2 3 4 5 6 7 8 Next >

Search by Record Information

Search my records only

Record Number: Record Type:

Project Name:

Start Date: End Date:

- On the **My Account** page, click the APP-2013-??????? Link for the MFV License Application. Be sure you click the Application record, not the License record. Check that the Status shows “Pending Application”.

Step 3: View MFV License Application Record Details

The **Application Record Details** page opens. Use this page to: view details of the application entered; upload additional documents; navigate to related records; and register for the required Health Academy Course.

- On the **Application Record Details** page: click the Arrow for the **Health Academy Courses** section to expand that section.

NOTE: On the **Application Record Details** page, you can click the Plus Sign icon or right facing Arrow icon for any section to expand that section of the application record.

Home

Record APP-2013-0020648:

[Add to collection](#)

Mobile Food Vending License : Full term - Fee exempt



A notice was added to this record on 10/23/2013.
Condition: Social Security Card Severity: Notice
Total Conditions: 6 (Notices: 6)

[View additional details](#)

Work Location

121 E 31ST ST, NEW YORK, NY, 10016-6835, 1B, APT

Record Details

▼ **More Details**

Related Contacts

Individual Owner information

Frank Citizen
Date of Birth: 01/10/1962
Male
Phone Number: 212-925-0000
Frank@hotmail.com
SSN
President
987654321
Individual Owner
Yes
English

Application Information

▶ **Fees**

▼ **Processing Status**



▼ **Application in Progress**

Due on 10/23/2013, assigned to TBD
Marked as **Application Submitted** on 10/23/2013 by TBD



▼ **DPQA Review**

Due on 10/23/2013, assigned to TBD
Marked as **Ready for DPQA Review** on 10/23/2013 by TBD



Exam Validation

Supervisor Review
Automatic License Approval
License Unit Review
Process Refund

▼ **Attachments**

Note: You can scan multiple documents into one file and upload below

Name	Record ID	Record Type	Entity Type	Type	Size	Latest Update	Action
Con Edison Utility Bill APP-2013-0020648.docx	APP-2013-0020648	Mobile Food Vending License : Full term - Fee exempt	Record	Proof of Home Mailing Address	20.82 KB	10/23/2013	↓
PassPort APP-2013-0020648.PNG	APP-2013-0020648	Mobile Food Vending License : Full term - Fee exempt	Record	Copy of Photo Identification	273.59 KB	10/23/2013	↓
Federal Tax Certificate APP-2013-0020648.pdf	APP-2013-0020648	Mobile Food Vending License : Full term - Fee exempt	Record	Proof of Tax Identification	82.43 KB	10/23/2013	↓

◀ | ▶

▼ **Related Records**

Record Number	Record Type	Project Name	Date Submitted	View
▼ 50020958	Mobile Food Vending License : Full term - Fee exempt - License		10/23/2013	View
APP-2013-0020648	Mobile Food Vending License : Full term - Fee exempt		10/23/2013	

▼ **Health Academy Courses**

[Schedule a Course](#) ←

Pending

There are no pending courses for this record.

Ready to Schedule

There are no courses ready to schedule for this record.

Scheduled

There are no scheduled courses for this record.

Completed

There are no completed courses for this record.

▶ [Valuation Calculator](#)

▶ [Trust Account Information](#)

Step 4: Schedule a Health Academy Course

4. On the **MFV License Record Details** page, **Health Academy Courses Section: To Schedule a Course:**
 - a. Click the Schedule a Course link. The Health Academy Course Schedules form opens to display available courses.

Schedule a Course X

Please note that Mobile Food Vending Course is for 2 consecutive business days.

Available Courses(1)

- Food Protection Course for Mobile Vendors

- b. Click the button for the Food Protection Course for Mobile Vendors. Click Continue. The Available Sessions for the course form opens.

Schedule a Course X

Available Sessions for Food Protection Course for Mobile Vendors

Provider: City: State:

From (date): To (date):

Showing 0-0 of 0

Provider	Fee	Date	Weekday	Start Time	End Time	Course Site
No records found.						

- c. Select the filtering criteria on the drop-down lists for Provider, City, and State. Select a From date and To date on the calendars. Click Filter. The results display below the criteria entered.

Schedule a Course X

Available Sessions for Food Protection Course for Mobile Vendors

Provider: City: State:

From (date): To (date):

Showing 1-10 of 440

Provider	Fee	Date	Weekday	Start Time	End Time	Course Site
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/24/2013	Thursday	02:20 PM	04:20 PM	Health Academy Annex at Central Harlem Health Center, Basement Au Fifth Avenue (between 136th and 137th Street
<input checked="" type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/25/2013	Friday	09:00 AM	11:00 AM	NY 10030 United States Health Academy 413 East 120th Street, Seco is between First and Pleasant Avenues New United States

d. Click the button to select the desired course schedule. Scroll down the page. Click Continue.

Schedule a Course

Course	Price	Date	Day	Start Time	End Time	Location
<input checked="" type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/25/2013	Friday	09:00 AM	11:00 AM	Fifth Avenue (between 136th and 137th Street NY 10035 United States Health Academy 413 East 120th Street, Seco Is between First and Pleasant Avenues New United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/25/2013	Friday	02:20 PM	04:20 PM	Health Academy Annex at Central Harlem Hi Central Harlem Health Center, Basement Au Fifth Avenue (between 136th and 137th Street NY 10035 United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/26/2013	Saturday	09:00 AM	11:00 AM	Health Academy 413 East 120th Street, Seco Is between First and Pleasant Avenues New United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/27/2013	Sunday	09:00 AM	11:00 AM	Health Academy 413 East 120th Street, Seco Is between First and Pleasant Avenues New United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/28/2013	Monday	09:00 AM	11:00 AM	Health Academy 413 East 120th Street, Seco Is between First and Pleasant Avenues New United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/28/2013	Monday	02:20 PM	04:20 PM	Health Academy Annex at Central Harlem Hi Central Harlem Health Center, Basement Au Fifth Avenue (between 136th and 137th Street NY 10035 United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/29/2013	Tuesday	09:00 AM	11:00 AM	Health Academy 413 East 120th Street, Seco Is between First and Pleasant Avenues New United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/29/2013	Tuesday	02:20 PM	04:20 PM	Health Academy Annex at Central Harlem Hi Central Harlem Health Center, Basement Au Fifth Avenue (between 136th and 137th Street NY 10035 United States
<input type="radio"/> HEALTH ACADEMY TRAINING COURSES	\$53.00	10/30/2013	Wednesday	09:00 AM	11:00 AM	Health Academy 413 East 120th Street, Seco Is between First and Pleasant Avenues New United States

< Prev 1 2 3 4 5 6 7 8 9 10 ... Next >

[Back](#) [Cancel](#)

e. Details display for the selected course with instructions and driving directions. Click Pay Now.

Schedule an Course

Confirm your selection and fill in the required information, if any.

Course: Food Protection Course for Mobile Vendors
Provider: HEALTH ACADEMY TRAINING COURSES
Time: 10/25/2013 Friday 09:00 AM ~ 11:00 AM
Supported Languages: English
Location: Health Academy 413 East 120th Street, Second Floor This is between First and Pleasant Avenues New York NY 10035 United States
Available Seats: 49
Accessibility: Yes

Fees	Amount
Course Fee	\$53.00
TOTAL FEES	\$53.00

Instructions:
 The Food Protection Course for Mobile Vendors trains individuals in food protection practices to ensure the safety of the food served in New York City's mobile food carts and trucks. The NYC Health code requires that all applicants for a Mobile Food Vendor license be certified in food protection. Completion of this course and passing of the final exam satisfies that requirement.

Accessibility:

Driving Directions:
 Trains: No. 6 to 116th and Lexington Avenue (Walk or use the M116 bus to First Avenue) No. 4 or 5 to 125th street. (Walk or use the M15 bus to First Avenue) Buses: M15 and M116 to First Avenue Cars: F.D.R. Drive, exit on 116th street Parking: Street parking is extremely difficult. Check yellow pages for parking garages

[Back](#) [Cancel](#)

Step 5: Pay for the Health Academy Course

5. To pay for the Health Academy Course:
 - a. Click Continue on the Fees page displays.

Fees

Listed below is your fee that will be applied to your total payment amount. All credit card payments will have an additional 2.49% processing charges which will be added during payment process.

Payments can be made by using the following:

- Master Card
- American Express
- Discover Card
- Visa
- Debit Cards with the Star, NYCE or Pulse logo on the back

Fee Estimate

Fee	Qty.	Amount
Course Fee	1	\$53.00

TOTAL FEES
 Note: This does not include additional processing fees which may be assessed later.

\$53.00

- b. The **Pay Fees** page shows the total amount with fee to be charged to your credit/debit card.

Pay Fees

The City of New York accepts credit and debits cards. You will be charged a fee of 2.49% of the payment amount. You will see this amount before you check out. The fee will be shown as a separate charge on your credit or debit card statement, and the New York City Department of Finance will be the merchant.

You will receive an email confirmation of your payment from noreply@link2gov.com. We recommend that you check your email's SPAM folder for the payment confirmation email if you do not see it.

Your payment is considered accepted when you receive a confirmation email. If you do not receive your confirmation email, please call 311.

* indicates a required field

Payment Options

Application Fee: \$53.00
 Convenience Fee: \$1.32
 Total Amount: \$54.32

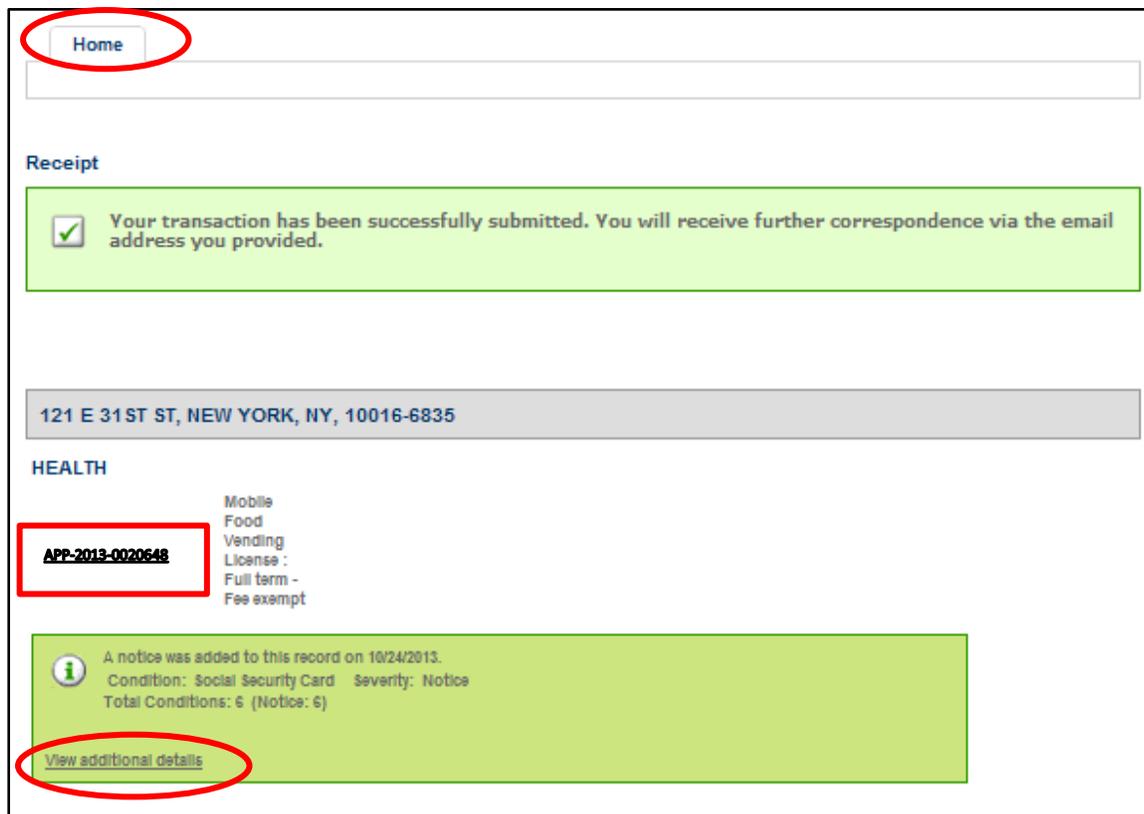
Pay with Credit Card

- c. Click the Submit Payment button. The City Pay web site opens.
- d. For entering the credit or debit card payment instructions, see the section [Paying With a Credit Card or Debit Card](#). Then return to the step below.

Step 6: Receipt

The **Receipt** page displays a message that your transaction was successfully submitted.

- 6. On the **Receipt** page:
 - a. To print the receipt: Right click mouse. Select Print from the drop-down list. Complete pop up print form.
 - b. To navigate to your **My Account** page: Click the Home tab at the top of the page.
 - c. To view record details for the MFV application record click the [APP-2013-???????](#) link.
 - d. To view conditions for this transaction: Click the [View Additional Details](#) link.



When the [APP-2013-???????](#) link is clicked, the MFV application record details display. Expand the **Health Academy Courses** section to view the course that was scheduled. In this section, in the Actions column, you can view details of the Course Registration and reschedule the course. This section will also show details when the course is completed.

- 7. On the **Record Details** page:
 - a. To view the course that was scheduled: Expand the Health Academy Courses section.
 - b. To view details of the course registration: Click the Actions, View Details link.
 - c. To reschedule the course: Click the Actions, Reschedule link.
 - d. To navigate to your **My Account** page: Click the Home tab at the top of the page.

[Home](#)

Record APP-2013-0002492: [Add to collection](#)
Mobile Food Vending License : Full term - Fee exempt

Info A notice was added to this record on 10/24/2013.
Condition: Social Security Card Severity: Notice
Total Conditions: 6 (Notice: 6)
[View additional details](#)

Work Location
121 E 31ST ST, NEW YORK, NY, 10016-6835, 1B, APT

Record Details

▶ **More Details**

▶ **Fees**

▶ **Attachments**

▶ **Related Records**

▼ **Health Academy Courses**

Schedule a Course

Pending
There are no pending courses for this record.

Ready to Schedule
There are no courses ready to schedule for this record.

Scheduled (1)

Food Protection Course for Mobile Vendors *Required*
Date and Time: 10/25/2013 Friday 09:00 AM ~ 11:00 AM
Roster ID: 282
Supported Languages: English
Location: Health Academy 413 East 120th Street, Second Floor This is between First and Pleasant Avenues New York NY 10035 United States
Accessibility: Yes
Provider: HEALTH ACADEMY TRAINING COURSES

Actions ▼
View Details
Reschedule
Cancel

Completed
There are no completed courses for this record.

End of Document