



New York City Licensing Center

42 Broadway, New York, New York 10004

Telephone: 311

Uniform Granting Authority to Act Affirmation

_____ affirms the truth of the following:
(Applicant Name)

1. I am the _____ of _____
(State relationship to business) (Name of business as it appears on the Certificate of Partnership and/or Business)

which is located at _____ and
(Street Address, Borough, State, and Zip Code)

whose telephone number and email address are _____ and _____
(Area code & Number) (Email address)

2. I hereby authorize _____ of _____
(Full name of designated representative) (Full name of representative's business)

who maintains an office/resides at _____
(Street Address, Borough, State, and Zip Code)

and whose telephone number and email address are _____ and
(Area code & Number)

_____ to represent me before the license, permit, or certificate issuing
(Email address)

Agency in regard to the preparation and submission of my application for a license/permit

(License/Permit/Certificate Category)

3. I understand that I will be legally bound by the representations made in said applications and will be held responsible by the license, permit, or certificate issuing Agency for any inaccuracies or misrepresentations.

4. I understand that I may revoke/withdraw the Authority to Act being submitted in connection with this application for a license, permit, or certificate in person by appearing at the Citywide Licensing Center prior to the date of the submission of the permit (license) application and informing the Director of the Citywide Licensing Center of this decision (The office of the Citywide Licensing Center is located at 42 Broadway, New York, NY 10004). I also understand that in the alternative I may notify the Citywide Licensing Center in writing of the revocation/withdrawal of this authority to act on my act.

SIGNATURE

PRINT NAME

Date: _____