Amendment Form for a Health Department License or Permit

Complete this form to update contact information, including mailing and email addresses, phone numbers and additional business contacts for your license or permit. A copy of photo ID is required for each contact, corporate officer, member or partner change. **Do not use this form to change the license/permit holder or premise address** (this requires a new application and fee).

Submit this completed form and required documents:

- **By email** to **onlineappsdocs@dcwp.nyc.gov.**
- **By mail** to the Citywide Licensing Center, 42 Broadway, Lobby, New York, NY 10004
- **In-person** by appointment only. To schedule, email **LicensingAppointments@dcwp.nyc.gov** or call (212) 436-0441 (Monday-Friday, 8:00 a.m. – 4:00 p.m.). Provide your name, a phone number, and request interpretation services if needed. Bring this form and any required documents to your appointment.

Permit/License Number (Required)	**Phone Number (Required)**

Amendment details (only enter new or updated information)

Type of change (select all that apply):

☐ Contact Information or Additional Contacts
☐ Corporate Officers, Members or Partners
☐ Trade Name or DBA
☐ Mailing Address

Change of Contact Information or Additional Contacts (use additional pages if necessary)

Add or Delete?	Contact Name	Phone Number	Email Address

New Trade Name/ Mailing Address (note: cannot change premises address)

Changing Trade Name or "Doing Business As" (DBA) requires a Business Certificate or Trade Name Certificate from the Office of the County Clerk.

Trade Name/DBA		
Building Number	Street	Apt/Floor/Suite
City	State	ZIP Code

Change of Corporate Officers, Members or Partners (use additional pages if necessary)

Complete entire row for each change.

Add or Delete?	Name, Title	Address	Phone Number	Email Address

The section below is required to process your amendment. By signing this form, I agree that all statements made in this amendment are true and complete. Making a false statement is an offense punishable by fines, imprisonment, or both. (NYC Administrative Code § 10-154)

Signature of Business Owner, Partner or Corporate Officer	**Print Name**	**Date**