



TO BE POSTED IN PUBLIC-FACING LOCATION

**Affirmation of Compliance With
Key to NYC Worker Vaccination Requirements**

Name of Business

Street Address

City

State

ZIP Code

**I affirm that I have checked the vaccination status of my workers pursuant to the “Key to NYC”
Emergency Executive Order issued on December 13, 2021, and that this business is in compliance
with the requirements of the Order.**

Signature

Date

Name (printed)

Title