

Application for a Permit to Operate

SECTION I: To be completed by the local health department

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return.

Section A: Facility Information (Entire section must be completed by all applicants.)

Facility name _____

Facility address _____

City _____ State _____ Zip _____ Telephone no. (____) _____ Fax no. (____) _____

Municipality _____ T V C Capacity Facility Status Profit Non-profit

Facility Type _____

Water Supply

- Public (municipal)
- Private (onsite)

Sewage System

- Public (municipal)
- Private (onsite)

Number of operation(s) under this registration

- Indoor Pools Bathing Beaches
- Outdoor Pools Food Service
- Spa Pools Frozen Dessert
- Day Camps Recreational Aquatic Spray Grounds

Indicate days of operation by checking the appropriate boxes.

Expected opening date
Month/Day

Expected closing date
Month/Day

S M T W T F S

Hours of operation AM
PM

AM
Close PM

Section B: Operator/Owner Information (Entire section must be completed by all applicants.)

Legal operator or operating corporation _____

(If corporation or partnership, Section F must be completed.)

Person in charge _____

Permanent address _____

City _____ State _____ Zip _____ Telephone no. (____) _____

Email address _____ Fax no. (____) _____

Employer Identification Number OR Social Security Number - -

Owner _____

Permanent address _____

City _____ State _____ Zip _____ Telephone no. (____) _____

Section C: Complete for temporary food service establishments only (attach additional sheets as necessary).

Name and location of event _____

Name of food Supplier of ingredients Where and how foods will be prepared and served

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Section D: Complete for mobile food service establishments or pushcarts only.

Type of Vehicle Motorized Pushcart Other (specify) _____

Motor vehicle license no. (for motorized vehicles)

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Commissary name _____

Address _____

City _____ State _____ Zip _____ Telephone no. () _____

List on separate sheet types of food and beverages served.

Section E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.

Section F: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

| Name | Title | Address | Telephone No. |
|------|-------|---------|---------------|
| | | | () |
| | | | () |
| | | | () |
| | | | () |

Section G: Workers' Compensation and Disability Insurance (All applicants must complete this section).

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

A. Workers' Compensation and Disability Insurance Coverage Provided

Workers' Compensation

- Form C-105.2 Certificate of Workers' Compensation Insurance **OR**
- Form U-26.3 Certificate of Workers' Compensation Insurance **OR**
- Form SI-12 Certificate of Workers' Compensation Self-Insurance **OR**
- GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Insurance

- DB-120.1 Certificate of Disability Benefits **OR**
- Form DB-155 Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability Insurance Coverage Provided NOT Provided.

- Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Section H: Signature (Entire section must be completed by all applicants).

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

Section I: FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective Date

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 Permit Expiration Date

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Conditions of approval _____

Signature _____ Title _____ Date _____