NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Sanitation and Food Protection

Application for a Permit to Operate

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 with the appropriate fee at least 30 days prior to the expected opening date to:

See ***Instructions (DOH-3915i) or contact the local health department that issued your permit if you have any questions.***

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

Facility name _____

Facility address _____

City _____ State _____ Zip _____ Telephone 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
- ☐ Outdoor Pools
- ☐ Spa Pools
- ☐ Day Camps
- ☐ Bathing Beaches
- ☐ Food Service
- ☐ Frozen Dessert

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 (Open) ____ AM PM (Close)

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. ( )

Employer Identification Number _____ OR **Social Security Number** _____

Owner _____

Permanent address _____

City _____ State _____ Zip _____ Telephone no. ( )

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Environmental Protection

Corporation Officers and Partners

INSTRUCTIONS: This form must be completed for all Children's Camps, Temporary Residences, Swimming Pools, Bathing Beaches and Mobile Home Parks operated and/or owned by private corporations or partnerships. One form must be completed for each corporation or partnership involved in the operation or ownership of the facility. This form must be completed and submitted every five years or each time there is a change in officers or partners.

Name	Title	Permanent Mailing Address

Have any of the officers or partners been involved or are presently involved in the operation or ownership of any other facility regulated by the State or a local sanitary code?

☐ Yes ☐ No If yes, please list the name(s) and the name of the facility(ies):

Name	Facility	Facility Address

Date Completed_____ Name of Preparer_____

Telephone Number_____ Signature_____

DOH-2135 (10/93)

Attach additional sheets to continue listings if necessary.