

Instructions for Completing Application for Permit to Operate

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A,B,G & H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Migrant labor camps, temporary residences and labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or principal operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit.

Facility Types

Bathing Beaches

Freshwater River
Impoundment/Pond
Lake
Ocean Surf
Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

Day Camp
Day Camp - Developmentally Disabled
Day Camp - Municipal Overnight Camp
Overnight Camp - Developmentally Disabled
Overnight Camp - Municipal.

Mass Gathering

Migrant Farm Worker Housing

Farm Labor Housing

Mobile Home Parks

Swimming Pools

Indoor
Outdoor
Indoor/Outdoor
Wave Pool - Indoor
Wave Pool - Outdoor
Wave Pool - Indoor/Outdoor
Aquatic Amusement - Indoor
Aquatic Amusement - Outdoor
Aquatic Amusement - Indoor/Outdoor Spa

Temporary Residences

Labor Camps other than Migrant
Interior Corridor - Single Story
Interior Corridor - Two Story
Interior Corridor - Three Story
Interior Corridor - Four or more Story
Exterior Corridor - Single Story
Exterior Corridor - Two Story
Exterior Corridor - Three Story
Exterior Corridor - Four or more Story
Cabin or Bungalow Colony.

Food Service Establishments

Restaurant
Caterer
School
Institution
State Office for the Aging (SOFA) -
Prep Site
State Office for the Aging (SOFA) -
Satellite Site
Summer Feeding Program (USDA) -
Prep Site
Summer Feeding Program (USDA) -
Satellite Site

Temporary Food

Mobile Food

Vending Food Machine

State Agency Licensed Facilities

State Licensed Inspected Facility
State Owned Operated Facility
Day Care Center - Residential
Day Care Center - Non-Residential.

Water Supply/Sewage System:

Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration:

Provide the number of specific operations that apply to this registration. Complete even if the principal or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor/outdoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. Some facilities with multiple operations require separate applications. (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date:

Enter the expected opening and closing dates (i.e., June 1, 1994 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation:

Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation:

Enter the hour the facility is expected to open and close under routine operation. Circle A.M. or P.M. as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge)

Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number

Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone number of the legal operator.

Employer Identification/Social Security Number

Enter the name of the owner of facility if different from the operator.

Name of Owner

Enter the name of the owner of facility if different from the operator.

Permanent Address of Owner and Telephone Number

Enter the mailing address and telephone number of the owner if different from operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC.

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC.

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served

SECTION E: Complete only for food/beverage vending machines regulated under Subpart 14-5 NYSSC.

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If the facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Provide the insurance carrier, policy numbers and expiration date of both the workers' compensation and/or disability insurance provided by the operator or, if exempt, check the box that indicates a representative of New York State Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

SECTION H: Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

SECTION I: To be completed by the local health department.

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

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.)

This is to certify, under penalties of perjury, that

(A) the operation described in this application has Workers' Compensation and disability insurance as identified below:

Workers' Compensation carrier _____ Policy no. _____ Expiration date

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Disability benefits carrier _____ Policy no. _____ Expiration date

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OR

(B) a representative of Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

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 _____

