

## 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.**

# 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          
Open AM PM Close AM 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. ( ) \_\_\_\_\_

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

**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)

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

Disability benefits carrier \_\_\_\_\_ Policy no. \_\_\_\_\_ Expiration date

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       Permit Expiration Date

Conditions of approval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



Section 873.2101. Temporary Residences - Application Fees

1. Effective January 1, 1998, every application for a permit or for a renewal of a permit to operate a Temporary Residence pursuant to Article XI, Section 873.1181 of the Westchester County Sanitary Code shall be accompanied by a non-refundable application fee based on the Temporary Residence's rental capacities and facilities as specified in the following tables:

Temporary Residence - Number of Rental

<u>Units or Lots</u>	<u>Application Fee</u>
1 to 20	\$ 160.00
21 to 50	\$ 240.00
51 to 100	\$ 315.00
101 to 200	\$ 420.00
201 or more	\$ 590.00

Temporary Residences with food service establishments are required to pay the following cumulative charges in addition to the basic rental capacity charge:

<u>Food Service Establishment</u> Based on seating capacity:	<u>Fee</u>
0 to 100	\$ 475.00
101 to 200	\$ 685.00
201 or more	\$ 895.00
Frozen Dessert	\$ 25.00

Temporary Residences with swimming pools or bathing beaches are required to pay the following cumulative charges in addition to the basic rental capacity charges and the Food Service Establishment charges:

Swimming pool greater than 50 persons -	\$420.00 per year
Swimming pool less than 50 persons -	\$210.00 per year
Spa/whirl pool -	\$210.00 per year
Wading pool -	\$210.00 per year
Bathing Beaches -	\$210.00 per year

2. The Commissioner may waive, in full or part, the requirement of this section provided that the application submitted sets forth sufficient reasons which, in the opinion of the Commissioner, justifies the issuance of a waiver.