

Andrew J. Spano
County Executive

Department of Health

Joshua Lipsman, MD,JD,MPH
 Commissioner

NOTICE TO APPLICANTS FOR AN ORIGINAL PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

Provisions of the Westchester County Sanitary Code require that plans and specifications be submitted to this Department, in duplicate, for review and approval before construction or major renovation of a food service establishment is undertaken. Consult the appropriate District Office, as noted on the back of this letter, for further details regarding this requirement.

Provisions of the Code also require that a permit be obtained from the Department for the operation of a Food Service Establishment. To apply, you are required to file the following documents with this Department:

1. An Application for Original Permit for a Food Service Establishment (attached).
2. A Certificate of Resolution for Authorization if the owner is incorporated (attached). The corporate seal must be affixed to the document.
3. The non-refundable application fee for the issuance of a Food Service Establishment Permit is as follows:

	Category		
	A	B	C
Eating Place (seats 0-100)	\$570	\$380	\$320
Eating Place (seats 101-200)	\$820	\$560	\$420
Eating Place (seats 201+)	\$1,075	\$590	\$550
Eating Place School (seats 0-100)	\$410	\$320	\$250
Eating Place School (seats 101-200)	\$475	\$410	\$350
Eating Place School (seats 201+)	\$570	\$505	\$445
Frozen Dessert		\$25	
Mobile Food Unit			\$240
Bakery, Commissary, Mobile Food Commissary or Delicatessen	\$320		
Ice Manufacturer			\$125
Catering			\$390
Food Vending Machine		\$35 per machine	

4. Worker's Compensation/Disability Insurance Certification



WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon, completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon, completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Bureau of Public Health Protection
APPLICATION FOR ORIGINAL FOOD SERVICE ESTABLISHMENT PERMIT
(Please print clearly or type)

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate or maintain a business involving the following (check one or more as appropriate):

EATING PLACE _____, EATING PLACE SCHOOL _____, DELICATESSEN _____, CATERING _____
FROZEN DESSERT MANUFACTURER _____, MOBILE FOOD UNIT _____, COMMISSARY _____
MEALS ON WHEELS _____, MOBILE FOOD COMMISSARY _____, ICE MANUFACTURER _____
FOOD VENDING MACHINE OPERATION _____, RETAIL BAKERY _____

1. NAME OF ESTABLISHMENT _____ PHONE (____) _____

ADDRESS _____
Street address _____ City _____
Municipality (Town, Village, City of) _____ State _____ Zip Code _____

MAILING NAME & ADDRESS _____
If different from establishment _____

2. OWNER'S NAME _____ PHONE (____) _____
(If corporation, state corporation name)

ADDRESS _____
Street address _____
Municipality _____ State _____ Zip Code _____

TYPE OF OWNERSHIP: Individual _____ Partnership _____ *Corporation _____

*Unincorporated Association _____ Municipality _____
Limited Liability Company (L.L.C.) _____

*If owner is a corporation or unincorporated association, file
"Certificate of Resolution of Board of Directors"

CORPORATION OFFICERS OF PARTNERS:

Name and Title: _____ Home Address: _____

3. WORKER'S COMPENSATION DATA:

Please provide proper documentation of Worker's Compensation and Disability Coverage.
Or ____ Form CE-200, stating that such coverage is not required is attached.

- 4. a) Normal weekday starting time: _____ AM _____ PM closing time
- b) Days of week establishment is CLOSED:
Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____
- c) If summer operation, state: opening date _____ closing date _____
- d) Number of **SEATS** in establishment: Counter _____ Table _____
- e) Number of food preparation employees (including owner): _____
- f) Total number of employees (include owner if he works full time): _____
- g) Source of Water Supply: Public _____ Central Well _____
- h) Sewage Disposal: Public _____ Individual System _____
- i) Garbage and Refuse: Public _____ Private Carter (Name) _____
- j) Name and Address of Pest Control Operator (Exterminator):

- k) If food vehicle state: Make of vehicle _____
- l) Do you serve alcoholic beverages? Yes _____ No _____
- m) Total number of restrooms in facility: _____ Number of restrooms for public use: _____

5. FOOD MANAGER'S CERTIFICATION COURSE (PLEASE PRINT CLEARLY)

Have you taken the Food Manager's Certification course Yes No
 If yes, name of person who took course: _____
 Social Security number of person who took course: _____
 Institution where course was taken: _____
 Date of course: _____

I agree to comply with the requirements of the Westchester County Sanitary Code and the New York State Sanitary Code.

I agree to permit the taking by a duly authorized representative of the Westchester County Health Department of samples of ingredients, food, equipment, utensils, containers, or any substance on premises or in possession and used in food handling.

AUTHORIZED SIGNATURE _____
 NAME (Print or Type) _____
 DATE _____ TITLE _____

Section 5 of the New York State Tax Law requires that you provide you Social Security Number and/or Federal Employer Identification Number for tax administration purposes:

S. S. # _____ - _____ - _____ F.E.I. # _____

- () Number applied for, but not yet received.
- () Other. Please explain _____

OFFICE USE ONLY:

Date of Inspection _____ Date of Approval _____
 Inspector's Signature & Employee Number. _____
 Permit Conditions _____
 Risk Assessment _____

CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION

The Undersigned, _____ of _____
Name of Corporation _____, a corporation
Duly organized and validly existing under the laws of (State) _____
Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said
Corporation, at a meeting duly called and held on the _____ day of _____ 20____.
Be it resolved that the Board of Directors, or President if there is no Board of Directors, of (Name of
Corporation) _____
With offices at: _____
Hereby authorizes (Name if person authorized): _____
To execute and deliver to the Westchester County Department of Health, for and on behalf of said
corporation, and application for a permit to operate a (type of operation):

_____ to execute and deliver any and all additional documents which may be appropriate or desirable in
connection therewith.
The undersigned further certifies that said resolution has not been revoked, rescinded or modified and
remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate
This _____ day of _____, 20____.

OFFICER'S SIGNATURE: _____

TITLE: _____

ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____): ss:

Affix Corporate Seal

On this _____ day of _____, 20____, before me personally came _____
to me known, and known to me to be the _____ of
_____ the corporation referred to in the within Certificate of
Resolution, who being by duly sworn did depose and say that (s)he is _____
of said corporation and that (s)he signed his/her name thereto.

NOTARY PUBLIC

COUNTY

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION

Supplement to be completed as Part of the Application

SOURCE OF FOOD SUPPLY

ITEM	FIRM	ADDRESS	CITY, STATE
MEAT			
FISH			
DAIRY PRODUCTS			
CANNED PRODUCTS			
BEVERAGES			
OTHER			