



Andrew J. Spano, County Executive
Board of Legislators

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

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

1. An Application for Original Permit for a Mobile 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. Proof that you carry Workmen's Compensation and Disability Benefits Insurance by completing the questions under #3 on the application form.

New York State Labor Law mandates that anyone applying to obtain a permit from a government agency must show proof of workers compensation and/or disability insurance or submit an affidavit from the Workers Compensation Board stating that such insurance is not required.

In general, insurance coverage is needed if a business has employees other than the owners or partners (a maximum of two people), or if there are more than two officers in the corporation. Coverage is required for family members if they are employees and are not listed as owners on the business certificate on file with the County Clerk's office. Contact the local Workers Compensation Board at the number listed below for specific information regarding these requirements.

If coverage is not mandated, then the permit applicant must complete an affidavit, Form WC/DB-100. The notarized form must be mailed or faxed to the local Workers Compensation Board for approval. The approved, stamped form must then be submitted to the Westchester County Department of Health.

Form WC/DB 100 can be obtained from the Workers Compensation Board or from the Department of Health staff.

The affidavit is valid for one year only and must be resubmitted annually to the Workers Compensation Board for approval. A copy of this approved affidavit must also be submitted to the Department of Health. This office will not accept unapproved copies.

The address and telephone number of the local Workers' Compensation Board in Peekskill is listed at the top of Form WC/DB-100. Questions concerning the form may be directed to the local board at telephone number 866-746-0552

4. Mobile unit route sheet.
5. Mobile unit commissary sheet.

6.. Application Fee

Effective May 16, 2003, every application for an original permit or for renewal of a permit for a Mobile Food Service Establishment that will be operated for a period of fifteen (15) days or more in a calendar year pursuant to Article V, Section 873.441 of the Westchester County Sanitary Code, shall be accompanied by a non-refundable application fee of \$240.00 and a \$25.00 additional fee if vehicle has frozen dessert manufacturing on board.

Cash Payments are **NOT** Accepted

Please make checks or money orders payable to:
WESTCHESTER COUNTY HEALTH DEPARTMENT
BE SURE APPLICATIONS ARE COMPLETE
SUBMIT ALL REQUIRED PAPERS PROMPTLY TO AVOID DELAY

Return the completed application and ALL Supporting documents to:

Westchester County Health Department
Bureau of Public Health Protection
Yonkers District Office
20 South Broadway – 4th Floor
Yonkers, NY 10701
914-231-2975

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle District Office
145 Huguenot Street
New Rochelle, NY 10801
914-813-5134

Westchester County Health Department
Bureau of Public Health Protection
Mount Kisco District Office
118 North Bedford Road, Rm. 100
Mt. Kisco, NY 10549
914-864-7331

Incomplete applications will not be accepted. If you have any questions, you may call the nearest District Office listed above.

If you operate a Mobile Food Service Establishment without a valid permit, you are in violation of Article III, Section 873.308 of the Westchester County Sanitary Code and Section 14-1.190 of the New York State Sanitary Code, and subject to immediate closing and cessation of all operations as provided by Section 14-1.194 of the New York State Sanitary Code.

Bureau of Public Health Protection
APPLICATION FOR ORIGINAL MOBILE 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):

MOBILE FOOD UNIT _____ FROZEN DESSERT MANUFACTURER _____

1. NAME OF ESTABLISHMENT _____ PHONE (____) _____
(type or print clearly)

ADDRESS _____
Street address (number & name)
_____ municipality _____ state _____ zip code

MAILING NAME & ADDRESS _____
If different from establishment _____
address listed above _____

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

ADDRESS _____
Street address (number & name)
_____ 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. WORKMEN'S COMPENSATION DATA:

If you provide Workmen's Compensation coverage, give:

Name of Insurance Company _____
Policy Number _____ Expiration Date _____

If you provide Disability Benefits Coverage, give:

Name of Insurance Company _____
Policy Number _____ Expiration Date _____

Or _____ A representative of Workers Compensation Board has endorsed as received Form WC/DB-100 stating that such coverage is not required.

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 food preparation employees (including owner): _____

e) Total number of employees (include owner if he works full time): _____

f) Source of Water Supply: Public _____ Central Well _____

g) Sewage Disposal: Public _____ Individual System _____

h) Garbage and Refuse: Public _____ Private Carter (Name) _____

i) If food vehicle state: Make of vehicle _____

j) Do you serve alcoholic beverages? Yes _____ No _____

5. FOOD MANAGERS 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: _____

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

7. 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 _____ of _____ 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			

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH PROTECTION

TO BE COMPLETED FOR EACH MOBILE UNIT (VEHICLE)

MOBILE FOOD UNIT ROUTE

Name of Business: _____

Vehicle Make: _____ Year: _____

Address of Commissary
Or Service Depot: _____

<u>Location of Vehicle</u>	<u>Days at Location</u>		
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM
_____	_____	From: _____ AM	To: _____ AM
		From: _____ PM	To: _____ PM

Check months of year your establishment is in operation:

All Months: _____ Jan: _____ Feb: _____ Mar: _____ Apr: _____ May: _____ June: _____
July: _____ Aug: _____ Sept: _____ Oct: _____ Nov: _____ Dec: _____

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION

TO BE COMPLETED FOR EACH MOBILE FOOD UNIT (VEHICLE/PUSHCART)

Name of Business: _____

Name of Owner: _____

Address of Owner: _____
(street) (city/state)

Telephone: _____

Make of Vehicle: _____ Model: _____

License Plate: _____ Commercial Plates: _____ YES _____ NO

State Registration Number: _____

Name and Address of Commissary where vehicle is maintained and/or stored:

Commissary Permit Number: _____ Commissary Telephone: _____

Permitting Agency: _____ Last Inspection Date: _____

Name and Address of Commissary where foods vended on vehicle are obtained:

Commissary Permit Number: _____ Commissary Telephone: _____

Permitting Agency: _____

NOTE: All operators must comply with local municipality rules and regulations prior to applying for a permit from this department.

NOTICE TO MOBILE FOOD OPERATOR

COMMISSARY AND VEHICLE STORAGE REQUIREMENTS FOR ALL MOBILE FOOD UNITS

This department has been increasingly made aware that many Mobile Food Units are operating out of their private residences, a violation of New York State Sanitary Code Part 14, Subpart 14-4.

Therefore, all Mobile Food Unit operators are advised of the following:

1. Pursuant to New York State Sanitary Code, Subpart 14-4.95, paragraph b and 14-4.31, paragraph b, all Mobile Food Units must obtain all food supplies from a commissary. A commissary being defined as an establishment operated under license or permit of an appropriate regulatory authority where food is manufactured, stored, prepared, portioned or packaged of any combination of these, where such food is intended for consumption elsewhere.

It is also the place which is used as the base of operations for one or more mobile food service vehicles or pushcarts, where such units are serviced, cleaned, supplied and maintained and where equipment, utensils and facilities are serviced, cleaned and sanitized.

A commissary under the jurisdiction of the Westchester County Health Department must be permitted as such.

2. Per Subpart 14-4.95, paragraph a, Mobile Food Units are to be serviced only at a commissary as described above at a frequency necessary to maintain the sanitary conditions of the mobile unit or pushcart, and in any event at least daily for pushcarts and every 72 hours for Mobile Food Units.

Mobile Food Unit and pushcart operators are advised that all foods are to be obtained from and all vehicles are to be serviced at an approved commissary.

Failure to do so and or your failure to comply with the above, may result in the suspension of your permit or denial of you being issued a permit by this Department to operate a Mobile Food Unit.

MOBILE FOOD UNIT CATEGORIES

Pushcarts: Hotdogs only

Vehicle requirements – Camper sink or handi-wipes, sanitizing solution.

Food to be purchased daily from approved source. Leftovers to be discarded.

Ice Cream Vehicle or Vehicle Dispensing ALL Commercially Prepared and Purchased Foods:

Vehicle requirements – Camper sink or handi-wipes, sanitizer.

Food to be obtained and stored at a commissary.

California Style Vehicle

Vehicle requirements – Camper sink or handi-wipes, sanitizing solution.

Commissary – foods to be obtained and stored at a commissary.

Hot Dog Trucks

Single compartment sink – minimum 15 gallon potable water supply. Hot and cold water to sink. Waste holding tank 15% greater than supply tank. Sanitizing solution on vehicle. Ice refrigeration acceptable.

Commissary – food to be obtained and stored at commissary. Equipment to be cleaned and sanitized at 3 compartment sink of commissary.

MFU Serving Potentially Hazardous Food Beyond Hot Dogs (Hamburger, Eggs, etc.)

Vehicle requirements – grill or range, hood and vent for same. Forty (40) gallon water supply. Waste tank 15% larger than supply tank. Hot and cold water to 2 compartment sink. Mechanical refrigeration.

Commissary – for storage of food, washing and sanitizing of utensils.