

# Westchester County Department of Health

## Permit Renewal For Food Service Establishment Owners and Operators

Please be advised that your permit to operate a food service establishment expires soon. According to provisions of Section 873.301 of the Westchester County Sanitary Code, applications must be received not later than 60 days prior to the date of expiration. **In order for you to continue to operate your business, you are required to do the following:**

1. Submit your "Renewal Application for a Permit to Operate"  
Answer all questions, and do not leave anything blank. Be sure to date and sign application. Please do not detach or attempt to reassemble the forms for any reason as this will delay processing. Change any information that is incorrect.  
Note: If the owner's name that appears on the Renewal Application is not yours, you cannot use this form. Please contact your District Office for instructions and an original application.
2. Workmen's Compensation Insurance  
Please be advised that as of December 1, 2008, NYS Workers' Compensation will no longer accept or recognize the Workers' Comp Affidavit (WC/DB-100). They have created a new form: **CE-200** and established a new procedure for obtaining the approved form.

### **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, licenses 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 For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required;  
*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://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 Workers' 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 in 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 For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required;  
*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://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).

Any questions concerning the new form or procedure should be directed to the local NYS Workers' Comp Board Office or the Bureau of Compliance, NYS Workers' Comp Board at 518-486-6307.

Any applications with Waiver Form WC/DB-100 submitted prior to 12/01/08 will be accepted. After 12/01/08, **ONLY** Form CE-200 will be accepted with any renewal or new application.

3. Corporate Ownership

If ownership of the business is a corporation, you must file the enclosed "Certificate of Resolution". The person who signs the Renewal Application *must be* the same person named and authorized in the Certificate of Resolution. The corporate seal must be affixed to the document. If your corporate officers have changed since you last filed your application, submit a list of names and addresses of the new corporate officers.

4. Source of Food Supply Form and Food Managers Certification Course

Answer questions concerning your major food suppliers and the Food Managers Certification Course. The Westchester County Sanitary Code mandates that all operators of food service establishments attend an approved Food Managers Course and re-certify every five (5) years. If you have any questions concerning this requirement, contact your District Office.

5. Application Fee

Every application for a permit shall be accompanied by a **NON-REFUNDABLE** application fee as specified on the renewal- see **Total Fee Due printed on Renewal Application for a Permit to Operate**.

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**  
**145 Huguenot Street**  
**New Rochelle, NY 10801**  
**(914) 813-5134**

**Westchester County Health Department**  
**Bureau of Public Health Protection**  
**Yonkers District Office**  
**20 South Broadway – 4<sup>th</sup> floor**  
**Yonkers, NY 10701**  
**(914) 231-2975**

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

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\_\_\_\_.

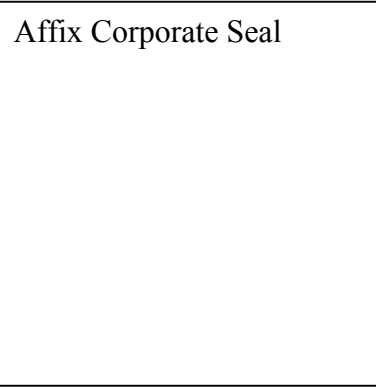
OFFICER'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_): ss:



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			