

## 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, Fax 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, agricultural fairgrounds 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. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.

**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 primary 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 with any questions.

### Facility Types

#### Agricultural Fairgrounds

#### 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  
Day Camp –  
Traveling  
Overnight Camp  
Overnight Camp –  
Developmentally Disabled  
Overnight Camp –  
Municipal

#### Mass Gathering

#### Migrant Farm Worker Housing

Farm Labor Housing

#### Mobile Home Parks

#### Recreational Aquatic Spray Grounds

Indoor  
Outdoor

#### 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 Establishment

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 Machines

#### 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 primary 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 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 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 and fax number of the legal operator.

**Employer Identification/Social Security Number**

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

**Email Address and Fax No.**

Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**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 a 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**

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

**SECTION H: Signature**

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 to the local health department.

**Section A: Facility Information (Entire section must be completed by all applicants.)**

Facility name \_\_\_\_\_  
 Facility address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_

Municipality \_\_\_\_\_  T  V  C Capacity      Facility Status  Profit  Non-profit

Facility Type \_\_\_\_\_

<b>Water Supply</b> <input type="checkbox"/> Public (municipal) <input type="checkbox"/> Private (onsite)	<b>Sewage System</b> <input type="checkbox"/> Public (municipal) <input type="checkbox"/> Private (onsite)	<b>Number of operation(s) under this registration</b> <input type="checkbox"/> Indoor Pools <input type="checkbox"/> Bathing Beaches <input type="checkbox"/> Outdoor Pools <input type="checkbox"/> Food Service <input type="checkbox"/> Spa Pools <input type="checkbox"/> Frozen Dessert <input type="checkbox"/> Day Camps <input type="checkbox"/> Recreational Aquatic Spray Grounds
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**Indicate days of operation by checking the appropriate boxes.**

Expected opening date    /    Expected closing date    /     S  M  T  W  T  F  S

Hours of operation     AM     PM     AM     PM  
 Open Close

**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. (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Fax 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).**

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

**A. Workers' Compensation and Disability Insurance Coverage Provided**

**Workers' Compensation**

- Form C-105.2 Certificate of Workers' Compensation Insurance **OR**
- Form U-26.3 Certificate of Workers' Compensation Insurance **OR**
- Form SI-12 Certificate of Workers' Compensation Self-Insurance **OR**
- GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

**Disability Insurance**

- DB-120.1 Certificate of Disability Benefits **OR**
- Form DB-155 Certificate of Disability Benefits Self-Insurance

**B. Workers' Compensation and Disability Insurance Coverage Provided NOT Provided.**

- Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

**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 \_\_\_\_\_