



Schenectady County Public Health Services

Environmental Health Division
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170
Phone: (518) 386-2818
Fax: (518) 386-2822
publichealth@schenectadycountyny.gov

FOOD SERVICE ESTABLISHMENT PLAN REVIEW AND PERMIT INSTRUCTIONS

A plan review must be completed for all new facilities, or when any significant changes to an existing facility including changing out equipment or any construction affecting the kitchen, food preparation, or food storage areas. Also, any facility that has been closed for over 6 months needs to complete a plan review.

Plan reviews need to be submitted prior to construction to ensure compliance. **Preparation of plans by a design professional, such as an architect, engineer, or food service consultant, is highly recommended.** Our office needs at least four weeks to review plans. There may be updates needed prior to our approval. Prior to permitting and opening your establishment, a pre-operational inspection will need to be conducted.

In addition to a plan review, a permit application must be submitted for a permit to operate.

PLAN REVIEW CHECKLIST:

- Submit plans at least 30 days prior to construction
 - Plans must include all elements in the Guidance for Completion of Plan Review below
- Plan Review Fee Schedule completed and signed with contact information.
- Applicable plan review fee. Checks should be made payable to ***Schenectady County***.
- Floor plan of facility
 - All plans must be drawn to scale (minimum ¼ inch = 1 ft.)
- Specification list of food service equipment
 - All equipment must be NSF approved or equivalent (commercial type equipment)
- Finish schedule
- Ventilation schedule
- Plumbing schedule
- Description of operation:
 - Number of seats
 - Estimated number of meals per day
 - Approximate number of employees
 - Menu
 - Method of food service - single service articles or multi-use tableware
 - Method- of garbage storage and disposal
 - Method of insect and rodent control
- All facilities with private water and/or private sewage must submit schematics of new or existing systems with food service plans.
- All applicable building, electrical and plumbing permits must be secured and satisfied, and zoning approval granted before issuance of a permit from this office.

For plan review materials:

<p><u>Mail or drop off at:</u> Schenectady County Public Health Services Environmental Health Division 107 Nott Terrace, Suite 300 Schenectady, NY 12308</p>	<p><u>Apply online at:</u> 1. https://www.sdlportal.com/towns/ny/schenectady/schenectadycounty, create an account for <u>Schenectady County</u> or log in 2. Click on Requests at the top of the page and select Plan Review Application 3. Complete the form and upload requested documents 4. Pay by debit, credit card or e-check</p>
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APPLICATION CHECKLIST:

To receive a permit to operate, the materials below should be submitted at the time a plan review is submitted, or at least 2 weeks prior to a desired opening date.

- Complete, signed application
- Appropriate fee based on the seating capacity. Checks should be made payable to **Schenectady County**.
- A copy of a legal DBA (doing business as) must be submitted for a food service establishment owned by a private owner(s)
- Copies of corporation papers with a listing of the corporation officers must be submitted for food service facilities owned by a corporation
- Proper proof of insurance (Workers' Compensation AND Disability OR CE-200 is required)
 - o Workers' Compensation o Disability Insurance
 Form C-105.2 or Form DB-120.1 or
 Form U-26.3 or Form DB-155
 Form SI-12 or
 Form GSI-105.2 and

OR

 - o Form CE-200 Certificate of Attestation of Exemption, **signed and dated** if the food service establishment is owner/operator run, with no other employees (instructions how to obtain CE-200 are attached below)
- At least one person from the food service establishment must possess a valid food service training certificate (ServSafe Food Protection Manager Certification or similar food sanitation course acceptable to the Schenectady County Environmental Health Division). Visit our website at <https://www.schenectadycountyny.gov/env-health/food-safety-training> for more information or to take an online course.
- A copy of the food service establishment's menu

For application materials:

<p><u>Mail or drop off at:</u> Schenectady County Public Health Services Environmental Health Division 107 Nott Terrace, Suite 300 Schenectady, NY 12308</p>	<p><u>Apply online at:</u> 1. https://www.sdlportal.com/towns/ny/schenectady/schenectadycounty, create an account for <u>Schenectady County</u> or log in 2. Click on Requests at the top of the page and select Food Service Permit Application 3. Complete the form and upload requested documents 4. Pay by debit, credit card or e-check</p>
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Guidance for Completion of a Food Service Establishment

Plan Review

- A. Include in your plan submittal the following:
 - a. Title Block
 - Name of Food Service Establishment
 - Street Address
 - City, Village, or Township
 - Owner's Name
 - Author of plan
 - Date of plan completion
 - b. Floor Plan (inside information)
 - i. Scale: minimum $\frac{1}{4}$ inch = 1 foot
 - ii. All rooms and intended use
 - iii. Location of prefabricated and custom-built equipment
- B. Specification list of food service equipment
 - a. Prefabricated: unit name and manufacturer's name
 - b. Custom built: unit name, capacity or size, description, and finish materials
- C. Plumbing schedule- listing or showing the location of hot and cold-water lines, vented drain lines, sewage lines, the source of the water supply, and the method of sewage disposal
- D. Description of operation
 - a. Number of seats
 - b. Estimated number of meals per day
 - c. Estimated number of employees
 - d. Menu
 - e. Method of food service -single service articles or multi-use tableware
 - f. Method-of garbage storage and disposal
 - g. Method of insect and rodent control

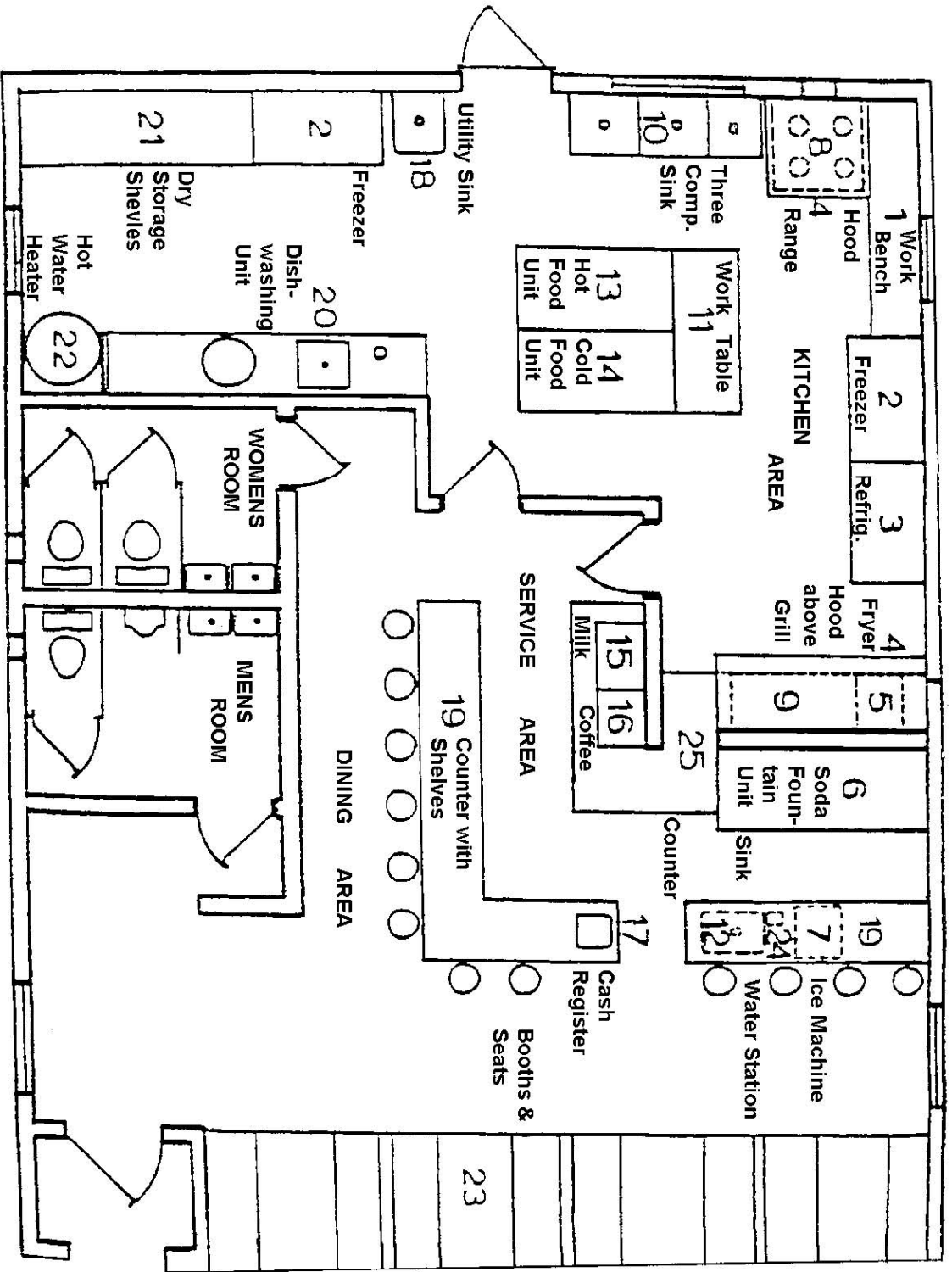
Additionally, the specifications listed below are to be incorporated into the plans as applicable:

1. All areas shall be constructed of smooth, durable, nonabsorbent, and easily cleanable materials such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic: provided, that in areas subject to spilling or dripping of grease or fatty substances, such floor coverings shall be of grease resistant material.
2. The walls of all food preparation, utensil washing, and hand washing rooms or areas, shall have light colored, smooth, easily cleanable, nonabsorbent surfaces, and such surfaces shall be washable up to at least the highest level reached by splash or spray. Acoustical materials may be used on the ceiling, provided ventilation is adequate to minimize grease and moisture absorption.
3. Floors -should be sloped $\frac{1}{8}$ " to $\frac{1}{4}$ " per ft. to a drain. A trapped floor drain should be provided for every 400 sq. ft. of floor area with the length of travel to drain not more than 15 ft. Floor drains are not necessary in dry storage areas.
4. Coving -junction of walls with a floor should be coved to facilitate cleaning.

5. Adequate aisles around equipment must be provided. A minimum aisle width of 36" is recommended with 42" where persons must pass each other.
6. Windows, if they are openable, must be provided with screens.
7. Equipment, which is placed on tables or counters, unless readily movable, must be sealed to the table or counter or mounted on legs or feet at least 4" high.
 - a. Unless the equipment is designed so that it may be placed on a raised island or sealed to the floor, one or more of the following provisions shall be made for cleaning this area:
 - i. The unit shall be mounted on tubular legs of sufficient height to provide a clear space of not less than 6" between the lowest horizontal member of the unit and the floor, or:
 - ii. The unit shall be mounted on casters or rollers of such material, design, and construction as to permit its being easily moved by one person.
8. Space behind, between and beside units -Equipment other than readily removable equipment shall be installed with sufficient unobstructed space behind equipment and between adjacent equipment and walls to permit cleaning, or the equipment sealed to the wall. The width of space to be provided is dependent upon the distance from either end to the farthest point for cleaning.
 - a. When the distance to be cleaned is less than 2 ft. in length, the width of the clear unobstructed space shall not be less than 6".
 - b. When the distance is greater than 2 f t., but less than 4 ft. in length, the width of the clear unobstructed space shall not be less than 8".
 - c. When the distance to be cleaned is greater than 4 ft. but less than 6 ft. in length, the width of the clear unobstructed space shall not be less than 12".
 - d. When the distance to be cleaned is greater than 6 ft., the width of clear unobstructed space shall be 18".
9. Piping such as water pipes from walls to equipment should be located a minimum of 8" from the floor to facilitate cleaning in that area.
10. Studs, joints, and rafters shall not be left exposed in food preparation or utensil washing areas, or utensil rooms. If left exposed in other rooms or areas, they shall be finished and shall be kept clean and in good repair.
11. A minimum of 30 foot-candles of light is required on all working surfaces and at least, 30 foot-candles on all other surfaces and equipment, in food preparation, utensil washing and hand washing areas, and toilet rooms. Sources of artificial light shall be provided and used to the extent necessary when being cleaned. At least 20 foot-candles of light at 30 inches from the floor shall be required in all other areas, including dining areas during cleaning operations.
12. Exhaust systems for cooking equipment -The face of the opening of canopy hoods shall not be more than 7 ft. from the floor and the hood should over -hang or extend a horizontal distance of not less than 6" on all sides beyond the edge of the cooking surface. An adequately sized fan(s) and grease extraction filters are required. The ventilation system must be installed in compliance with applicable State and Local Fire

Regulations. Discharge air shall not create a nuisance.

13. Where food and drink are served in dishes, glasses, silverware and cutlery, they shall be washed in a commercial dishwasher or a three-compartment sink with adequate drain boards. Even with the use of single service materials, a three-compartment sink must be provided for the kitchenware. A stainless-steel sink is recommended.
14. Every kitchen shall be installed with at least one hand wash station for the use of kitchen employees. This station should be centrally located in the kitchen and must be used exclusively for handwashing. The handwashing sinks must have hot and cold or tempered running water, soap, and paper towel dispenser or hot air dryer.
15. All food service equipment should be National Sanitation Foundation (N.S.F.) approved or equivalent.
16. At least one utility sink or curbed cleaning facility with a floor drain is to be installed for the cleaning of mops and disposal of mop water.
17. A separate food preparation sink is required. Food preparation sinks, ice machines, refrigerators, steam kettles and similar types of equipment in which food is placed, shall not be directly connected to the drainage system. Each waste pipe from such equipment shall discharge into an open, accessible, individual waste sink, floor drain, or other suitable indirect connection. Indirect connections of drain lines from other equipment used in the preparation of food or washing of equipment and utensils may be required by the health authority when, in their opinion, the installation is such that backflow of sewage is likely to occur.
18. Toilet Facilities -Each food service establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be of sanitary design and readily cleanable. The doors of all toilet rooms shall be self-closing.
19. A hand wash sink shall be located within or immediately adjacent to all toilet rooms and each shall be provided with hot and cold or tempered running water, soap, and a paper towel dispenser or hot air dryer.
20. Garbage:
 - a. All garbage and rubbish containing food waste shall be kept in containers constructed of durable metal or other approved types of material, which do not absorb liquids.
 - b. All containers shall be provided with tight-fitting lids or covers and shall, unless kept in a special vermin-proof room or enclosure, be kept covered when stored or not in continuous use.
 - c. Storage rooms or enclosures shall be constructed of easily cleanable, washable materials and shall be vermin proofed. The floors and the walls, up to at least the level reached by splash or spray, shall be of nonabsorbent materials.
21. Enough lockers or other suitable facilities are to be provided and used for the orderly storage of employee clothing and other belongings.



**EXAMPLE
FLOOR PLAN**

Herman's Coffee Bar
 123 State Street
 Schenectady, NY 12335
 Owner: Herman Jones
 Drawn by: Joe Planner, P.E.

Scale 1/4" = 1'0"
 Date: 3/1/98
 Note: Numbers on plan
 correspond to specification
 list item numbers on next page

PLAN EXAMPLE

<u>EQUIPMENT SPECIFICATION LIST</u>	
Item and Unit Name	Manufacturer
1. Work Bench w/cabinets	'A' Co.
2. Freezer	'B' Co.
3. Refrigerator	'C' Co.
4. Ventilation Hood	'D' Co.
5. Fryer	'E' Co.
6. Soda Fountain	'F' Co.
7. Ice Machine	'G' Co.
8. Range	'G' Co.
9. Grill	'G' Co.
10. Three Compartment Sink	'H' Co.
11. Work Table	'I' Co.
12. Under Counter Sink	'H' Co.
13. Hot Food Table	'E' Co.
14. Sandwich Unit	'C' Co.
15. Milk Dispenser	'C' Co.
16. Coffee Machine	'K' Co.
17. Cash Register	'J' Co.
18. Utility Sink	'H' Co.
19. Counter w/ Shelves	Custom built
20. Dishwashing Unit	'H' Co.
21. Shelves - dry storage	Custom built
22. Hot Water Heater	'L' Co.
23. Booths and Seats	'M' Co.
24. Water Station	'N' Co.
25. Counter w/ Shelves	Custom built

<u>DESCRIPTION OF BUSINESS</u>
Seating Capacity - 36
Estimated number of meals per day - 300
Number of employees - 5
Menu: <i>Breakfast:</i> juices, coffee, milk, eggs, bacon, toast, pastries, ham, sausage, cereal <i>Lunch:</i> hot and cold sandwiches, limited hot dinners, coffee, ice cream various beverages, pies, cakes, daily specials <i>Dinner:</i> limited selection of hot dinners, coffee, ice cream, pies, cakes, specials
Method of <i>food service:</i> regular meals will be served on multi-use tableware while carry out will be served on single service articles.
Method of <i>garbage disposal:</i> garbage inside will be kept in plastic bags inside covered metal garbage cans. The outside garbage will be kept in a metal dumpster which will be serviced 2x week, or as needed by XYZ Company.
Method of <i>insect and rodent control:</i> The Bug Pest Control Company has been contracted to service and exterminate as needed. Kitchen windows are screened All other windows are not openable. All outside doors will be self-closing.

<u>FINISH SCHEDULE</u>			
Room	Floor & Base	Wall	Ceiling
Kitchen	Quarry tile	light colored painted sheetrock	acoustic on sheetrock
Service Area	Quarry tile	painted sheetrock	suspended acoustic
Dining Area	Quarry tile	painted sheetrock	suspended acoustic
Restroom	Ceramic tile	ceramic tile	suspended acoustic

<u>VENTILATION SCHEDULE</u>	
Restroom	Mechanical
Kitchen	Screened windows
Dining Area	Air-conditioned
Grill, Fryer, Stove	Filtered hood, mechanical ventilation to outside

<u>PLUMBING SCHEDULE</u>
Hot water lines to restroom sinks and units 10,12,18,20
Cold water lines to restroom sinks, toilets, urinals and units 6, 7, 10, 12, 16, 18, 20, 22, 24
Vented drain lines from units 6, 7, 20
Sewage lines from restroom sinks, toilets, urinal, and units 10, 12, 18, 20, 24
Water supply - Schenectady Municipal System
Sewage Disposal - Schenectady Sewer System

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Public Health Services**

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107 Nott Terrace, Suite 300
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**SCHEENCTADY COUNTY PUBLIC HEALTH SERVICES
PLAN REVIEW FEE DETERMINATION SCHEDULE**

CAUTION: Improperly completed forms or improperly calculated fees will be returned and may delay processing of your plans.

INSTRUCTIONS TO OPERATOR FOR COMPLETION OF THIS FORM

1. Locate category type of your establishment on the list below. (e.g., food service, temporary residence).
2. Locate the specific capacity which best reflects your operation.
3. Enter the amount indicated under fee calculation on the right side of the form.
4. Enter total at bottom of form.
5. Sign and date the fee determination schedule.
6. Submit this form by mail with a check payable to *Schenectady County* in the amount indicated under Total Fee or complete Plan Review Application online:

<https://www.sdlportal.com/towns/nv/schenectady/schenectadycounty>

Mail to: Schenectady County Environmental Health Division
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170

PLAN REVIEW FEE (PER PROJECT)

***Contact Person:**

Name: _____	_____
Address: _____	Name of Establishment
_____	_____
Phone: _____	Address
Email: _____	_____
	Phone #

FEE CALCULATION

1. FOOD SERVICE ESTABLISHMENTS, Part 14, State Sanitary Code CATERERS, COMMISSARIES, MOBILE FOOD, ETC.	\$150.00	\$ _____
2. HOTELS, MOTELS, BUNGALOW COLONIES	Part 7, State Sanitary Code \$300.00	\$ _____
3. CAMPGROUNDS & TRAVEL TRAILER PARKS /per site	Part 7, State Sanitary Code \$250.00	\$ _____

4. MOBILE HOME PARKS	Part 17, State Sanitary Code		
		\$250.00	\$ _____
5. MIGRANT LABOR CAMPS	Part 15, State Sanitary Code		
		\$250.00	\$ _____
6. SWIMMING POOLS & BATHING BEACHES	Part 6, State Sanitary Code		
	100-5000 sq. ft.	\$250.00	\$ _____
	5001 sq. ft. or more	\$400.00	\$ _____
7. REALTY SUBDIVISIONS	Sec. 1119, PHL		
	\$75.00 x number of lots _____ =		\$ _____
8. COMMUNITY & NON-COMMUNITY WATER SUPPLIES	Part 5, State Sanitary Code		
Cost of Project: Record Search			
Less than \$10,000		\$200.00	\$ _____
\$10,000-\$100,000		\$250.00	\$ _____
More than \$100,000		\$500.00	\$ _____
9. INDIVIDUAL SEWAGE SYSTEM (Alternate Design)	Part 75, State Sanitary Code		
Commercial		\$165.00	\$ _____
		\$250.00	\$ _____
10. BODY ART ESTABLISHMENTS		\$150.00	\$ _____
			\$ _____
TOTAL			\$ _____

CERTIFICATION STATEMENT:

I hereby certify the statements made above are accurate to the best of my knowledge.

_____	_____	_____
Signature of Operator	Title	Date

NOTE: False statements on this application are punishable as crimes under Article 170 of the Penal Law.

MAKE CHECK PAYABLE TO: Schenectady County

RETURN TO:

**Environmental Health Division
Schaffer Heights, 3rd Floor,
107 Nott Terrace, Suite 300 Schenectady,
New York 12308-3170**

EMAIL CONTACT:

publichealth@schenectadycounynty.gov



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Public Health Services**

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Name of Establishment

Address

SCHENECTADY COUNTY PUBLIC HEALTH SERVICES
YEARLY PERMIT FEE DETERMINATION SCHEDULE

FEE CALCULATION

1. FOOD SERVICE ESTABLISHMENT - PT. 14, State Sanitary Code			
a. Seating Capacity (including takeout or stand-up service)			
1.	100 or less	\$215.00	\$ _____
2.	101 or more	\$315.00	\$ _____
b. FROZEN DESSERT - PHD Sec. 225(5)(s)			\$ _____
2. CATERERS AND COMMISSARIES - PT. 14, State Sanitary Code			
		\$365.00	\$ _____
3. TEMPORARY FOOD SERVICE - PT. 14, State Sanitary Code			
		\$ 90.00	\$ _____
4. MOBILE FOOD VENDORS			
		\$190.00	\$ _____
5. FOOD WORKER'S CERTIFICATION COURSE			
		\$ 75/PERSON	\$ _____
6. HOTELS & MOTELS(TEMPORARY RESIDENCE)-PT. 7, State Sanitary Code			
a. Number of Sleeping Rooms			
1.	1-20	\$190.00	\$ _____
2.	21-100	\$340.00	\$ _____
3.	101 or more	\$665.00	\$ _____
b. Additional Services			
1. Food Service, Seating Capacity			
	1-100	\$200 x number =	\$ _____
	101 or more	\$200 x number =	\$ _____
2. Pool			\$200 x number = \$ _____
3. Beach			\$200 x number = \$ _____
7. CAMPGROUNDS & TRAVEL TRAILER PARKS - PT. 7, State Sanitary Code			
a. Number of sites			
1.	1-50	\$165.00	\$ _____
2.	51 or more	\$255.00	\$ _____
b. Additional Services			
1. Food Service, Seating Capacity			
	1-100	\$115 x number =	\$ _____
	101 or more	\$215 x number =	\$ _____
2. Pool			\$200 x number = \$ _____
3. Beach			\$200 x number = \$ _____
8. MASS GATHERINGS,INCLUDING -PT.7, State Sanitary Code			
PLAN REVIEW		\$2500.00	\$ _____
9. MIGRANT LABOR CAMP - PT.15, State Sanitary Code			
a. Occupancy			
1.	1-50	\$165.00	\$ _____
2.	51 or more	\$215.00	\$ _____

10. **MOBILE HOME PARKS** -PT.17, State Sanitary Code

a. Number of Sites

1.	1-75	\$190.00	\$ _____
2.	76 or more	\$340.00	\$ _____

b. Additional Services

1. Food Service, Seating Capacity			
	1-50	\$115 x number =	\$ _____
	51 or more	\$215 x number =	\$ _____
2. Pool			
		\$200 x number =	\$ _____
3. Beach			
		\$200 x number =	\$ _____

11. **SWIMMING POOLS** - PT. 6, State Sanitary Code

a. Maximum number of bathers (25 sq.ft./bather)(x number of pools)

1.	1-100	\$215.00 x number	\$ _____
2.	101 or more	\$265.00 x number	\$ _____

12. **BATHING BEACHES CAPACITY** -PT.6, State Sanitary Code

a.	Less than 5,000 sq. ft.	\$200.00	\$ _____
b.	5,001 sq. ft. or more	\$225.00	\$ _____

13. **COMMUNITY WATER SUPPLIES** -PT. 5, State Sanitary Code

a. Population served

1.	Less than 1,000	\$215.00	\$ _____
2.	1,001 - 9,999	\$615.00	\$ _____
3.	10,000 or more	\$1765.00	\$ _____

14. **UNPERMITTED NON-COMMUNITY** -PT.5, State Sanitary Code

WATER SUPPLIES	\$165.00	\$ _____
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15. **CHILDREN'S CAMPS** - PT.7, State Sanitary Code

\$215.00	\$ _____
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16. **TATTOO/BODY PIERCING**

a. Permanent Shop	\$200.00	\$ _____
1. per each artist	\$185.00	\$ _____
b. Temporary Tattooist/ Body Piercing	\$100.00	\$ _____

17. SOIL PERC TEST WITNESS	\$100.00	\$ _____
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TOTAL	\$ _____
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CERTIFICATION STATEMENT: I hereby certify the statements made above are accurate to the best of my knowledge.

Signature of Operator

Title

Date

NOTE: False statements on this application are punishable as crimes under Article 170 of the Penal Law.

MAKE CHECKS PAYABLE TO: County of Schenectady

RETURN TO:

**Schenectady County Environmental Health Division
Schaffer Heights, 107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170**

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 _____

Water Supply

Public (municipal)

Private (onsite)

Sewage System

Public (municipal)

Private (onsite)

Number of operation(s) under this registration

Indoor Pools Bathing Beaches

Outdoor Pools Food Service

Spa Pools Frozen Dessert

Day Camps Recreational Aquatic Spray Grounds

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. (____) _____

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 _____



Workers' Compensation and Disability Insurance Requirements for Obtaining a Department of Health Permit

Before a Department of Health permit can be issued, you must prove compliance with NYS Workers' Compensation AND Disability and Paid Family Leave Benefits Insurance requirements.

If You Maintain Worker's Compensation and Disability Insurance Coverage

The following forms must be submitted with each permit application:

<p>1. Workers' Compensation Submit one from this list:</p>	<p>2. Disability Insurance Submit one from this list:</p>
<ul style="list-style-type: none"> • Form C-105.2 (issued by your insurance carrier) • Form U-26.3 (issued by the State Insurance Fund) • Form SI-12 • Form GSI-105.2 	<ul style="list-style-type: none"> • Form DB-120.1 (issued by your insurance carrier) • Form DB-155

Where do I get these forms?

Contact your insurance carrier for these forms.

Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application. We are unable to substitute insurance forms submitted with recent permit applications.

The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

If You Do Not Maintain Workers' Compensation and/or Disability Insurance Coverage

Please provide a **CE-200 Attestation of Exemption Certificate**. Follow the instructions at www.wcb.ny.gov/content/ebiz/wc_db_exemptions/How-to-Obtain-Certificate-of-Exemption.pdf. Or, call the NYS Workers' Compensation Board at 866-298-7830. Please note, it can take up to 8 weeks to process this request.

Questions about health department permit requirements:

Contact your health department
www.health.ny.gov/EnvironmentalContacts

Questions about Workers' Compensation and Disability forms:

Workers' Compensation Board Office
518-462-8880 or 877-632-4996

Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
 - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
 - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
 - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.