



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



MOBILE FOOD SERVICE PLAN REVIEW AND PERMIT INSTRUCTIONS

A plan review must be completed for all mobile units not previously permitted in Schenectady County, or when any significant changes to a previously permitted mobile unit including changing out equipment occurs.

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 recommended. Our office needs at least four weeks to review plans. There may be updates needed prior to our approval. Prior to obtaining a permit for a mobile unit, 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.

Checklists, a floor plan example, and specification list example are attached to assist you.

PLAN REVIEW CHECKLIST:

- Submit plans at least 30 days prior to construction, renovation, or initial operation
- Plan Review Fee Schedule completed and signed with contact information.
- Applicable plan review fee. Checks should be made payable to ***Schenectady County***.
- All applicable motor vehicle, building, fire department, electrical and plumbing permits must be secured and satisfied before issuance of a permit from this office.
- Photos of the unit if already built, inside and outside
- Floor plan of mobile unit
 - All plans must be drawn to scale (minimum ¼ inch = 1 ft.)
 - Location of prefabricated and custom-built equipment
 - Include title block
- Specification list of food service equipment
 - All equipment must be NSF approved or equivalent (commercial type equipment)
- Finish schedule- listing materials used to finish the floor, base, walls, and ceiling
- Ventilation schedule- listing method of ventilation
- 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
- Description of operation:
 - Estimated number of meals per day
 - Approximate number of employees
 - Menu
 - Method of garbage storage and disposal
 - Method of insect and rodent control
- Enough hot and cold food storage based on menu items
- Storage for toxic chemicals and vehicle maintenance items that is separate from food items
- Garbage container separate from food storage
- Equipment and surfaces must be smooth and easily cleanable
- A 3 bay sink for ‘wash, rinse, and sanitize’ cleaning method
- Handwash sink with hot and cold water, soap, and paper towels
- Food prep sink with indirect drain if foods are not washed at the commissary
- Drying area for clean equipment and utensils
- A 40-gallon gravity fed fresh-water storage tank
- A wastewater tank that is 15% larger than the fresh-water storage tank (46 gallons if fresh-water tank is 40 gallons)
- Sanitary method of discharging wastewater tank to approved sanitary sewer
- Sufficient ventilation
- Permitted commissary to store the mobile unit and use for food preparation, food storage, and equipment cleaning, sanitizing, and drying

<p style="text-align: center;"><u>Mail or drop off at:</u></p> <p>Schenectady County Public Health Services Environmental Health Division 107 Nott Terrace, Suite 300 Schenectady, NY 12308</p>	<p style="text-align: center;"><u>Apply online at:</u></p> <ol style="list-style-type: none"> 1. https://www.sdlportal.com/towns/ny/schenectady/schenectadycounty, create an account for <u>Schenectady County</u> or log in 2. Click on <i>Requests</i> at the top of the page and select <i>Plan Review Application</i> 3. Complete the form and upload requested documents 4. Pay by debit, credit card or e-check
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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 operational date.

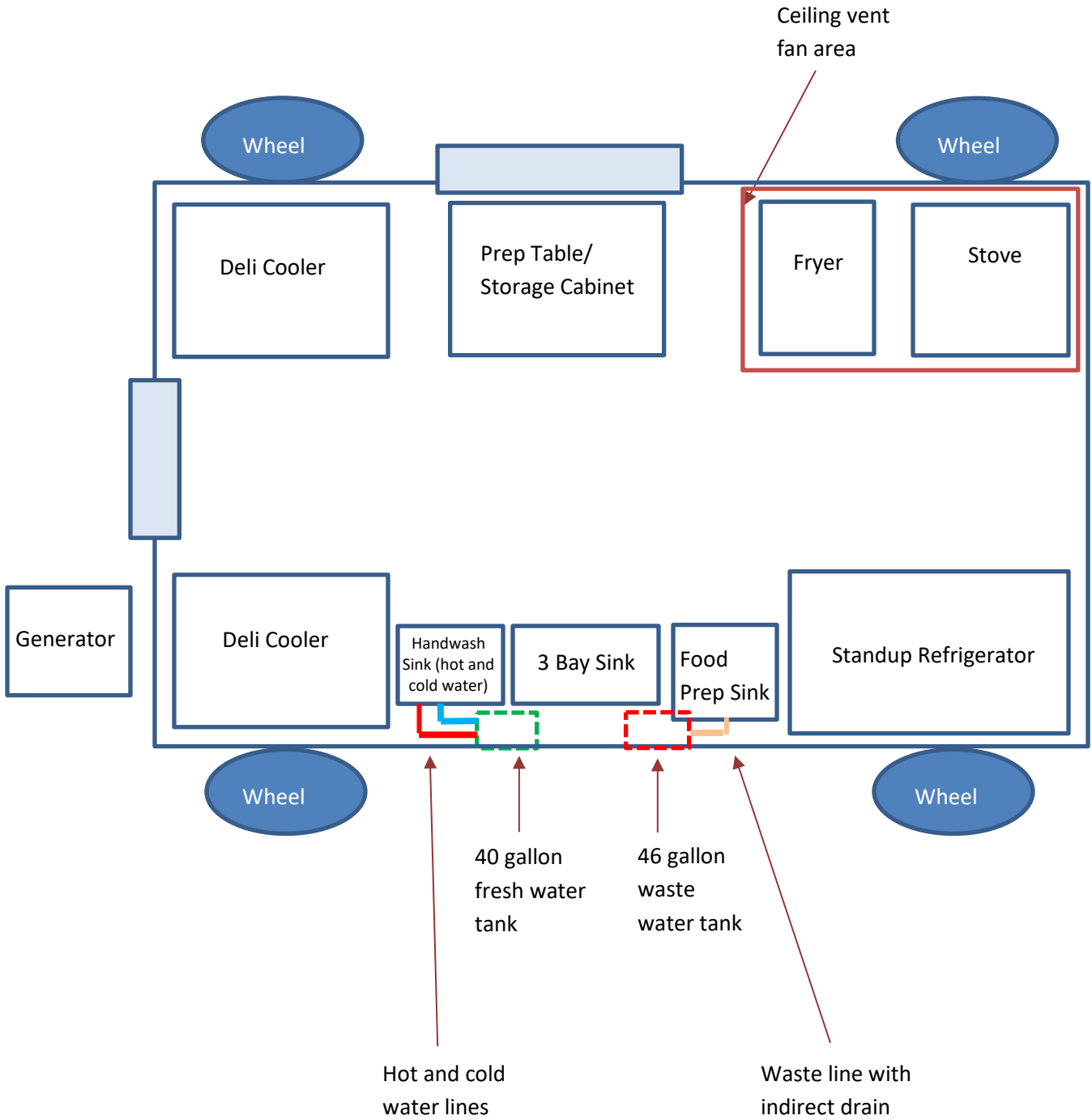
- Complete, signed application
- Proper proof of insurance (Workers' Compensation AND Disability OR CE-200 is required)
 - Workers' Compensation ○ Disability Insurance
 Form C-105.2 or Form DB-120.1 or
 Form U-26.3 or Form DB-155
 Form SI-12 or
 Form GSI-105.2 and
- OR
- Form CE-200 Certificate of Attestation of Exemption, signed (instructions how to obtain CE-200 are attached below)
- Use of Commissary/Shared Kitchen Agreement Verification if applicable
- A copy of Commissary's current permit/license and most recent inspection if not permitted by Schenectady County Public Health Services Environmental Health Division
- Menu
- A route list with the locations at which your facility will be vending. Please include name(s) and address(es) of location(s)
- If you plan to vend food on an event-by-event basis, you must provide a list of events prior to operating
- A copy of a valid Schenectady County's Food Worker's Training certificate, ServSafe Food Protection Manager certificate or similar food sanitation course acceptable to the Schenectady County Environmental Health Division). Information on how to obtain Schenectady County's Food Worker's Certification is available at this link: <https://www.schenectadycountyny.gov/env-health/food-safety-training>
- Payment of \$190 for mobile only or \$255 for mobile and frozen dessert. Make a check payable to *Schenectady County*. Cash will be accepted if you apply in person. If fee exempt, submit proof of exemption from payment [NYS form ST-119.1 and IRS letter granting 501 (c)(3) non-profit status]
- A copy of a legal DBA (doing business as) must be submitted for a mobile food service owned by a private owner(s)
- Copies of corporation papers with a listing of the corporation officers must be submitted for mobile food service facilities owned by a corporation

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MOBILE FOOD SERVICE PLAN EXAMPLE

Mel's Burger and Chicken Mobile
Melson McGee
Author of plan: Jane Johnson, P.E.
1/25/2023

Scale: 1/2 inch = 1 foot



PLAN EXAMPLE

EQUIPMENT SPECIFICATION LIST	
Item and Unit Name	Manufacturer
Deli Cooler	'A' Co.
Prep Table	'B' Co.
Fyer	'C' Co.
Stove	'D' Co.
Handwash sink	'E' Co.
3 Bay Sink	'F' Co.
Food Prep Sink	'G' Co.
Standup Refrigerator	'G' Co.
40 Gallon Fresh Water Tank	'G' Co.
46 Gallon Waste Water Tank	'H' Co.
Generator	'I' Co.

PLUMBING SCHEDULE
Hot and cold water lines to handwash sink
Food prep sink is indirectly drained
Water supply - Schenectady Municipal System
Sewage Disposal - Schenectady Sewer System

VENTILATION SCHEDULE	
Kitchen Area	ceiling vent fan

DESCRIPTION OF BUSINESS
Number of employees - 2
<i>Menu:</i> Hamburgers with toppings- cheese, lettuce, tomatoes, bacon Chicken Fingers French Fries Onion Rings
Method of <i>food service</i> : all meals will be served on single service articles i.e. paper plates and plastic utensils
Method of <i>garbage disposal</i> : garbage inside the unit will be kept in plastic bags inside a plastic garbage can. Garbage will be deposited in commissary's dumpster.
Method of <i>insect and rodent control</i> : Garbage containers will be durable, easily cleanable and insect and rodent proof.

FINISH SCHEDULE			
Room	Floor & Base	Wall	Ceiling
Truck Interior	Vinyl Flooring	Marlite Paneling	Metal

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**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

**SCHENECTADY 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: _____

Phone: _____

Email: _____

_____ Name of Establishment

_____ Address

_____ 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	\$ _____



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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 \$ _____

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 Expected closing date S M T W T F S Hours of operation AM PM AM PM
Month/Day Month/Day 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

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 _____



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Public Health Services**

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USE OF COMMISSARY/SHARED KITCHEN AGREEMENT VERIFICATION

All Food Service Establishments must operate out of an approved commercial kitchen. Many food operations such as Mobile Food Vendors, Caterers and Temporary Food Vendors utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors with each permit application.

Applicant Information: Business Name: _____

Owner/Operator Name: _____ Title: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Phone: _____

I, _____, hereby state that the information on this form is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance to Chapter 1 of New York State Sanitary Code. (Note: if this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food service operation will be subject to suspension or revocation).

Signature of Applicant

Date

Commissary Information: Business Name: _____

Address: _____ City: _____ Zip Code: _____

Commissary Owner Name: _____ Title: _____

Email: _____ Phone: _____

I hereby certify that an agreement exists between (Name of Vendor) _____

and (Name of Commissary) _____ to use my facility as a commissary

kitchen. The following services will be allowed for use at the commissary (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> 3-Bay Sink | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Hand Wash Sink | <input type="checkbox"/> Dry Storage Space |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Preparation Table/Equipment |
| <input type="checkbox"/> Water | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Garbage Removal | <input type="checkbox"/> Other: _____ |

I hereby declare that the facility noted above is a commercial kitchen permitted by _____.

Provide a copy of the following documents if Commissary is not permitted by Schenectady County Public Health Services Environmental Health Division:

- Last Inspection Report
- Current Permit

Signature of Commissary Owner

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:

1. Workers' Compensation Submit one from this list:	2. Disability Insurance Submit one from this list:
<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.