



Monroe County Department of Public Health

Food Protection – Room 1020
111 Westfall Road/ P.O. Box 92832
Rochester, New York 14692
(585) 753-5064

DO NOT WRITE IN THIS SPACE Date ___/___/___
Rec. # _____ Check # _____ Amount _____
New Name/Operator Change
_____ Inspector _____
Former Est. Name _____

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

Please complete this form. Print or type all information.

Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.

Name of Establishment _____ Number of seats _____
Address _____
Location: _____ Zip _____ Business Telephone _____
(city, town or village) (state)

OWNER/CORPORATION NAME _____
(Partnership or Corporate Title – if applicable- copy of certificate attached)

Address _____ City _____ State _____ Zip _____

Home Address (Non PO Box) _____ Home telephone _____

Cell Phone _____ E-Mail (optional) _____

Partners' or Corporate Officers' Names & Titles _____ Home Addresses and Phone Number _____

Type of establishment Restaurant and/or Tavern Catering School or College Retail Bakery Delicatessen
 Industrial Food Service Mobile Vending Commissary

Operating Days and Hours _____

Certified Food Worker (If you do NOT meet the training requirements at time of submission of this application you MUST list the SCHEDULED training dates & the training providers for these workers and MUST submit proof of completion of course to office)

Name of L1 worker _____ Certification # _____
Please attach a copy of certificate. (Serve Safe, National Registry of Food Safety Professionals, or Experior)

Name of L2 worker _____ Certification # _____

*Receipt of Part 14-1 of the New York Sanitary code is acknowledged. *Signature must be original, no copies or faxes accepted.**

Signed _____ Date of application _____

Print name _____

2009 Fees: Bakeries, Commissary, Mobile Units, Delicatessens & Caterers \$225.00
Restaurant Seating 0-25 \$170.00 Restaurant Seating 26-50 \$230.00 Restaurant Seating 51+ \$370.00

(OVER- CONTINUED ON BACK OF PAGE)

Worker's Compensation and Disability Insurance Information

(Proof of insurance is required prior to permit issuance)

Name of Company _____ Worker's Comp. No. _____ Disability Number _____

Workers' Compensation: Check and Submit Certificate with Application

- Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **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 Benefits: Check and Submit Certificate with Application

- DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

When WC/DB coverage IS NOT provided Check and Submit Certificate with Application

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is Not provided)

Note: Applicants will be able to fill out the CE-200 on line at the Worker's Compensation Board's website, www.wcb.state.ny.us, and print a copy for submission to the Department of Public Health. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at 130 West Main Street, Rochester, NY 14614. The toll free number for the office is 1-866-211-0644.