**Monroe County Department of Public Health**
Food Protection – Room 832
111 Westfall Road
Rochester, New York 14620
Phone (585) 753-5064 / Fax (585) 753-5013
food@monroecounty.gov

**OFFICE USE ONLY**
Date Received _____/_____/_____ R
GAZ# _____
Payment Type: ☐ Check ☐ CC ☐ MO ☐ Cash
Amount $_____ Check/MO #_____
☐ CFW ☐ WC ☐ DB ☐ Websales ☐ eHIPS

# APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

**Please complete this form and return to address above (please print or type)**

*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.*

**ESTABLISHMENT NAME**_____ ***Number of Indoor Seats*** _____

**Establishment Address**_____

**Establishment City**: _____ **Zip**_____ **Business Phone**_____

**CORPORATION NAME (if applicable):** _____

**OWNER/OPERATOR NAME:** _____ _____ _____
First Name Last Name Title

**Owner Phone Number:** _____

**E-Mail:** _____ *Note: inspection reports will be emailed to this address*

**Billing Address** _____ **City**_____ **State**_____ **Zip**_____

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

_____ _____

_____ _____

**TYPE OF ESTABLISHMENT** ☐ Restaurant ☐ Industrial Food Service ☐ School or College
☐ Caterer ☐ Commissary ☐ Retail Bakery ☐ Soup Kitchen ☐ Senior Center

**Fees:** Restaurant, Industrial & School/College: Seating 0-25 $225.00 Seating 26-50 $300.00 Seating 51+ $425.00
Caterer, Commissary, or Retail Bakery: $275.00
Soup Kitchen & Senior Center: No Fee

**CERTIFIED FOOD WORKER(s)**: Attach Copies of Certificates (Application will **not** be processed without Valid Certifications)

**Name of Manager Level worker (L1)** _____ **Certification #** _____**exp**_____

**Name of Food Handler worker (L2)** _____ **Certification #** _____**exp**_____

**Signature of Owner/Operator** _____

**Print Name** _____ **Title** _____ **Date** _____



**(OVER - CONTINUED ON BACK OF PAGE)**

## Worker's Compensation and Disability Insurance Information

***Proof of current insurance is required prior to permit issuance***

Note: For **renewal** applications, the expiration date must valid until at least 1/1 of the permit year you are applying for

**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**

☐ DB-120.2 - Certificate of Disability Benefits Group Self-Insurance (issued by the applicant's insurance carrier); **OR**

☐ Form DB-155 – Certificate of Disability Benefits Self-Insurance

***NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.***

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**When WC/DB coverage IS NOT required: 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*)

Only two types of entities may apply for a Certificate of Attestation of Exemption (CE-200) to show they are exempt from the requirement to provide workers' compensation and/or disability and Paid Family Leave benefits coverage:

1. New York entities with no employees
2. Out-of-state entities obtaining a contract or license where all the work is performed outside of NYS

Certificates are only valid for the specific license, permit or contract.

Certificates are assigned a unique certificate number that can be validated by the government official issuing the license, permit, or contract.

***Note***: Instructions for obtaining and filing a Certificate of Attestation of Exemption from the NYS Workers' Compensation and/or Disability (CE-200) through New York Business Express are located at: businessexpress.ny.gov