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 MOBILE FOOD SERVICE ESTABLISHMENT

Annual Fee: $275

Please complete this form and return to address above

Pursuant to part 14-4.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.

MOBILE ESTABLISHMENT NAME_____

OWNER/OPERATOR NAME: _____

Person in Charge: _____ _____ _____
Title First Name Last Name

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

Primary Phone: _____ **Ext:** _____ ☐ **Cell** **Other Phone:** _____ **Ext:** _____ ☐ **Cell**
(required)

E-Mail: _____ **Fax:**_____
(required – inspection reports will be emailed to this address)

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

_____ _____

_____ _____

TYPE OF VEHICLE: ☐ Mobile Truck ☐ Mobile Trailer ☐ Push Cart ☐ Other (specify) _____

License Plate #_____

Provide location(s) of planned operation _____

** Note that if you plan on vending in the City of Rochester, you will also need a solicitor's license from the City Clerk's Licensing Office. More information is available on the City of Rochester website.*

When do you plan to operate (check all that apply)?

☐ Weekdays ☐ Weekends ☐ Evenings ☐ Winter or any time when temperatures are ≤ 32°F

Storage location of Truck/Trailer/Pushcart:

Address _____ City _____ State _____ Zip _____

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 _____

COMMISSARY INFORMATION (required):

Commissary Name: _____ **Business Phone:** _____

Commissary Address: _____ **City:** _____ **Zip:** _____

Monroe County Department of Public Health Issued Commissary Permit Number* _____

**If Commissary is located outside of Monroe County, you must provide a copy of the active Permit issued by authorizing County with this application*

Services provided by the Commissary (check all that apply):

- ☐ Fresh water supply
- ☐ Grey water disposal
- ☐ Ware washing (3-bay sink)
- ☐ Facilities for food preparation
- ☐ Garbage disposal
- ☐ Food storage – dry goods
- ☐ Food storage – cold foods
- ☐ Chemical storage
- ☐ Other, Specify: _____

COMMISSARY AUTHORIZATION: (Approval for Mobile Establishment to use Commissary as listed above)

Commissary Owner Name (Print): _____

Commissary Owner Email: _____ **Commissary Owner Cell Phone:** _____

_____ _____

Commissary Owner's Signature **Date**

PUSH CART INFORMATION: (Only complete if applying for a Push Cart permit)

☐ Include photo of **exterior** of pushcart with this application

Source of Potable Water: ☐ MCWA ☐ Other: _____Size of water supply tank: _____Size of waste tank: _____
(Water tank, all hoses and plumbing MUST be Food Grade "NSF approved")

Check the foods you are planning to serve:

☐ Hot dogs ☐ Raw/frozen hamburgers (commercially pre-formed) ☐ Sausage (commercially pre-cooked only)

☐ Chicken (commercially pre-cooked only) ☐ Shaved raw/frozen steaks ☐ Meat hot sauce (commercially prepared only)

List any other types of food you would like to be considered for approval of service:

_____

_____

_____

AUTHORIZATION:

Signature of Mobile Owner/Operator _____

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

Worker's Compensation and Disability Insurance Information

******Proof of 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.

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

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