

## **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

DO NOT WRITE IN THIS SPACE				
Date Received/				
Payment Type: Check CC MO Cash				
Check/MO #				
Amount \$				
☐ Websales ☐ eHIPS				

## APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

## Please complete this form and return to address above (Print information)

Pursuant to part 14-1.190(c) of the New York S	State Sanitary Code, I / We hereby sul	omit the following informa	tion and make application to c	pperate a food service establishment.	
ESTABLISHMENT NAME			Number of Indoor Seats		
Establishment Address					
Establishment City:					
LEGAL OWNER/OPERATOR NAME:					
Person in Charge:	First Name		Last Name		
Billing Address	City_		State Zip		
Primary Phone:	_ Ext	Other Phone:		Ext	
E-Mail:		Fax:			
Partners' or Corporate Officers' Names		Home Ad	Idresses and Phone	e Number	
TYPE OF ESTABLISHMENT Restau  Catere		<u></u>	rvice		
Fees: Restaurant, Industrial & School/Co Caterer, Commissary, or Retail Ba Soup Kitchen & Senior Center: No	kery: \$225.00	.00 Seating 26	o-50 \$230.00 S	Seating 51+ \$370.00	
CERTIFIED FOOD WORKER(s): Attach C	Copies of Certificates (App	lication will not b	e processed withou	t Valid Certifications)	
Name of Manager Level worker (L1)		Cert	ification#	exp	
Name of Food Handler worker (L2)		Cert	ification#	ехр	
Signature of Individual Operator or Auth	norized Official				
Print Name	Title	م	Date	<b>.</b>	

## Worker's Compensation and Disability Insurance Information \*\*\*Proof of insurance is required prior to permit issuance\*\*\*

<u>workers' Compensation</u> : Check and Submit Certificate with Application
☐ Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); <b>OF</b>
☐ Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); <b>OR</b>
☐ Form SI-12 – Certificate of Workers' Compensation Self-Insurance, <b>OR</b>
☐ 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); <b>OR</b>
☐ Form DB-155 – Certificate of Disability Benefits Self-Insurance
*NOTE- WE <u>CANNOT</u> 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 ( <i>Must be submitted with Application if WC/DB coverage is NOT provided</i> )
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:
<ol> <li>New York entities with no employees</li> <li>Out-of-state entities obtaining a contract or license where all the work is performed outside of NYS</li> </ol>
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.
<b>Note</b> : 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:

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