



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	____/____/____	Rec. #	Check #
Inspector	_____	Amount	_____

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 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: _____ (city, town or village) (state)	Zip _____ Business Phone _____

LEGAL OPERATOR or OPERATING CORPORATION: _____
(Partnership or Corporate Title – if applicable- copy of certificate attached)

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 Establishment Restaurant and/or Tavern Industrial Food Service School or College
 Retail Bakery Commissary Mobile Truck (provide details on back) Pushcart (provide details on back)
 Delicatessen Catering Soup Kitchen Senior Center

Operating Days and Hours _____

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 Individual Operator or Authorized Official _____

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

Fees: Bakery, Commissary, Mobile Truck, Pushcart, Delicatessen & Caterer: \$225.00 Soup Kitchen & Senior Center: No Fee
 Restaurant, Industrial & School/College: Seating 0-25 \$170.00 Seating 26-50 \$230.00 Seating 51+ \$370.00

Worker's Compensation and Disability Insurance Information

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

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

***NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF 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: 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 on businessexpress.ny.gov 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 St., Rochester, NY 14614. Questions? Call the NYBE contact Center: (877) 632-4996

Mobile Truck / Push Cart Food Service Information

(Fill out if 'Mobile Truck' or 'Pushcart' is checked on Page 1)

Type of Vehicle Motorized Pushcart Other (specify) _____ **License Plate #** _____

Photo of exterior of mobile truck or pushcart Photo or drawing of interior equipment layout for mobile trucks

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")

Provide locations of planned Operation _____

When do you plan to operate? weekdays weekends evenings winter or any time when temperatures are $\leq 32^{\circ}\text{F}$

Commissary Name: _____
(Pushcart must submit proof of commissary)

Check the foods you are planning to serve (pushcart only):

- Hot dogs Hamburgers (commercial pre-formed) Pre-cooked sausage
- Pre-cooked chicken Shaved frozen steaks Commercial hot sauce

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