



**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

**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.*

<b>Name of Establishment</b> _____	<b>Number of seats</b> _____
<b>Address</b> _____	
<b>Location:</b> _____ (city, town or village) (state)	<b>Zip</b> _____ <b>Business Phone</b> _____

**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** **Fax** \_\_\_\_\_

**Other Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_  **Cell** **E-Mail** \_\_\_\_\_

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  Commissary  Mobile Vending (provide details on back)  Pushcart (provide details on back)

**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:** Bakeries, Commissary, Mobile Units, Pushcarts, Delicatessens & Caterers \$225.00  
 Restaurant Seating 0-25 \$170.00 Restaurant Seating 26-50 \$230.00 Restaurant 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](http://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: (518) 485-5000**

## Mobile Food Service Information

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

**Type of Vehicle**    Motorized    Pushcart    Other (specify) \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

**Commissary Name:** \_\_\_\_\_    Letter

**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".)**

- Photo of interior/ or Drawing of equipment layout for mobile trucks       Photo of exterior of mobile truck or pushcart

**Provide locations of planned Operation** \_\_\_\_\_

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

### **Check the foods you are planning to serve:**

- 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:**

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