



**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](mailto:food@monroecounty.gov)

<b>DO NOT WRITE IN THIS SPACE</b>	
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Check/MO # _____	<b>R</b>
Amount \$ _____	
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## APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

**Annual Fee: \$225**

**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 _____
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LEGAL 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):**

- |  |  |
|--|--|
| <input type="checkbox"/> Fresh water supply              | <input type="checkbox"/> Garbage disposal          |
| <input type="checkbox"/> Grey water disposal             | <input type="checkbox"/> Food storage – dry goods  |
| <input type="checkbox"/> Ware washing (3-bay sink)       | <input type="checkbox"/> Food storage – cold foods |
| <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Chemical storage          |
| <input type="checkbox"/> 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:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hot dogs                               | <input type="checkbox"/> Raw/frozen hamburgers (commercially pre-formed) | <input type="checkbox"/> Sausage (commercially pre-cooked only)      |
| <input type="checkbox"/> Chicken (commercially pre-cooked only) | <input type="checkbox"/> Shaved raw/frozen steaks                        | <input type="checkbox"/> 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 Individual Operator or Authorized Official \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**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.**

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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](https://businessexpress.ny.gov)

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