



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: <input type="checkbox"/> Check <input type="checkbox"/> CC <input type="checkbox"/> MO <input type="checkbox"/> Cash	
Amount \$ _____ Check/MO # _____	
<input type="checkbox"/> CFW <input type="checkbox"/> WC <input type="checkbox"/> DB <input type="checkbox"/> Websales <input type="checkbox"/> eHIPS	

APPLICATION FOR A PERMIT TO OPERATE A FOOD VENDING MACHINE

Annual Fee: \$50 per machine, per location

Please complete one form per machine and return to address above

Pursuant to part 14-5.180(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food vending machine.

VENDING MACHINE NAME _____ VENDING MACHINE SERIAL NUMBER _____
LOCATION OF VENDING MACHINE: Address _____ City _____ Zip _____ Establishment/Building Name (if applicable) _____
FOODS TO BE SERVED FROM VENDING MACHINE (describe): _____ _____

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
_____	_____
_____	_____

VENDING MACHINE OWNER/OPERATOR AUTHORIZATION

Signature of Owner/Operator _____

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

CERTIFIED FOOD WORKER: Attach Copies of Certificate (Application will not be processed without Valid Certification)

Name of Food Handler Worker (L2) _____ Certification # _____ exp _____

*Note that a L1/Food Manager certificate can be used in place of an L2/Food Handler Worker certificate

PREPARATION OF FOOD

Where will the food be prepared? (Note: *home-prepared foods are not allowed*)

- Commissary (*COMPLETE COMMISSARY INFORMATION SECTION BELOW*)
- Food Service Establishment (ex. restaurant, caterer, etc.) (*COMPLETE FOOD SUPPLIER SECTION BELOW*)

How will food be transported to the vending machine (ex. Cambros)? _____

Who will transport the food: _____

COMMISSARY INFORMATION (only complete this section if food is being prepared at Commissary)

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 Vending Machine Operator to use Commissary as listed above)

Commissary Owner Name (Print): _____

Commissary Owner Email: _____ Commissary Owner Cell Phone: _____

Commissary Owner's Signature Date

FOOD SUPPLIER INFORMATION (only complete this section if food is being prepared by a Food Service Establishment)

If food is being supplied by more than one establishment, list separately below. Attach additional pages if needed.

FOOD SUPPLIER #1:

Establishment Name: _____ Business Phone: _____

Establishment Address: _____ City: _____ Zip: _____

Monroe County Department of Public Health Issued Permit Number* _____

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

Establishment Owner Name (Print): _____ Owner Cell Phone: _____

Menu items provided: _____

FOOD SUPPLIER #2:

Establishment Name: _____ Business Phone: _____

Establishment Address: _____ City: _____ Zip: _____

Monroe County Department of Public Health Issued Permit Number* _____

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

Establishment Owner Name (Print): _____ Owner Cell Phone: _____

Menu items provided: _____

FOOD SUPPLIER #3:

Establishment Name: _____ Business Phone: _____

Establishment Address: _____ City: _____ Zip: _____

Monroe County Department of Public Health Issued Permit Number* _____

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

Establishment Owner Name (Print): _____ Owner Cell Phone: _____

Menu items provided: _____

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