



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 _____

Walk-in Office Hours: Monday - Friday 9 a.m. - 12 p.m. (Appointment required after 12 p.m.)

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** **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

*****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: (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:
