NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Community Environmental Health and Food Protection

Application for a Permit to Operate

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A,B,G,& H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

A. Food services: enter actual seating capacity, or enter 00 for take out only.
B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
E. Recreational aquatic spray ground: enter 00.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types

Agricultural Fairgrounds

Bathing Beaches
Freshwater River
Impoundment/Pond
Lake
Ocean Surf
Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps
Day Camp
Day Camp – Developmentally Disabled
Day Camp – Municipal
Day Camp – Traveling
Overnight Camp
Overnight Camp – Developmentally Disabled
Overnight Camp – Municipal

Mass Gathering

Migrant Farm Worker Housing
Farm Labor Housing

Mobile Home Parks

Recreational Aquatic Spray Grounds
Indoor
Outdoor

Swimming Pools
Indoor
Outdoor
Indoor/Outdoor
Wave Pool – Indoor
Wave Pool – Outdoor
Wave Pool – Indoor/Outdoor
Aquatic Amusement – Indoor
Aquatic Amusement – Outdoor
Aquatic Amusement – Indoor/Outdoor
Spa

Temporary Residences
Labor Camps other than Migrant
Interior Corridor – Single Story
Interior Corridor – Two Story
Interior Corridor – Three Story
Interior Corridor – Four or more Story
Exterior Corridor – Single Story
Exterior Corridor – Two Story
Exterior Corridor – Three Story
Exterior Corridor – Four or more Story
Cabin or Bungalow Colony

Food Service Establishment
Restaurant
Caterer
School
Institution
State Office for the Aging (SOFA) – Prep Site
State Office for the Aging (SOFA) – Satellite Site
Summer Feeding Program (USDA) – Prep Site
Summer Feeding Program (USDA) – Satellite Site

Temporary Food

Mobile Food

Vending Food Machines

State Agency Licensed Facilities
State Licensed Inspected Facility
State Owned Operated Facility
Day Care Center – Residential
Day Care Center – Non-Residential

Water Supply/Sewage System:
Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration:
Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date:
Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation:
Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation:
Enter the hour the facility is expected to open and close under routine operation. Circle A.M. or P.M. as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge)
Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number
Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

Employer Identification/Social Security Number
Enter the name of the owner of facility if different from the operator.

Email Address and Fax No.
Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

Name of Owner
Enter the name of the owner of facility if different from the operator.

Permanent Address of Owner and Telephone Number
Enter the mailing address and telephone number of the owner if different from operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines regulated under Supbart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

SECTION I: To be completed by the local health department

Application for a Permit to Operate

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return to the local health department.

Ulster County Dept. of Health
Environmental Health Services
239 Golden Hill Lane
Kingston, NY 12401

Section A: Facility Information (Entire section must be completed by all applicants.)

Facility name _____

Facility address _____

City _____ State _____ Zip _____ Telephone no. ( ) _____ Fax no. ( ) _____

Municipality _____ T V C **Capacity** _____ **Facility Status** ☐ Profit ☐ Non-profit

Facility Type _____

Water Supply
- ☐ Public (municipal)
- ☐ Private (onsite)

Sewage System
- ☐ Public (municipal)
- ☐ Private (onsite)

Number of operation(s) under this registration
- ☐ Indoor Pools
- ☐ Outdoor Pools
- ☐ Spa Pools
- ☐ Day Camps
- ☐ Bathing Beaches
- ☐ Food Service
- ☐ Frozen Dessert
- ☐ Recreational Aquatic Spray Grounds

Indicate days of operation by checking the appropriate boxes. In Operation: Year Round OR Seasonal

Expected opening date ___ Month/Day Expected closing date ___ Month/Day S M T W T F S Hours of operation ___ AM PM Open ___ AM PM Close

Section B: Operator/Owner Information (Entire section must be completed by all applicants.)

Legal **operator** or operating corporation _____
(If corporation or partnership, Section F must be completed.)

Person in charge _____

Permanent address _____

City _____ State _____ Zip _____ Telephone no. ( ) _____

Email address _____ Fax no. ( ) _____

Employer Identification Number ___ ___ OR **Social Security Number** ___ - ___ - ___

Owner _____

Permanent address _____

City _____ State _____ Zip _____ Telephone no. ( ) _____

Section C: Complete for temporary food service establishments only (attach additional sheets as necessary).

Name and location of event _____

Name of food	Supplier of ingredients	Where and how foods will be prepared and served

Section D: Complete for mobile food service establishments or pushcarts only.

Type of Vehicle ☐ Motorized ☐ Pushcart ☐ Other (specify) _____

Motor vehicle license no. (for motorized vehicles) _____

Commissary name _____

Address _____

City _____ State _____ Zip _____ Telephone no. ( )

List on separate sheet types of food and beverages served.

Section E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.

Section F: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.
			( )
			( )
			( )
			( )

Section G: Workers' Compensation and Disability Insurance (All applicants must complete this section).

Check the appropriate box(s) and submit a copy of the form(s) with this application to demonstrate compliance with the Workers' Compensation Law.

A. Workers' Compensation and Disability Insurance Coverage **Provided**

Workers' Compensation

☐ Form C-105.2 Certificate of Workers' Compensation Insurance **OR**

☐ Form U-26.3 Certificate of Workers' Compensation Insurance **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 Insurance

☐ DB-120.1 Certificate of Disability Benefits **OR**

☐ Form DB-155 Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability Insurance Coverage Provided **NOT Provided.**

☐ Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Section H: Signature (Entire section must be completed by all applicants).

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

Section I: FOR OFFICE USE ONLY

Permit issuance recommended? ☐ Yes ☐ No Permit Effective Date _____ Permit Expiration Date _____

Conditions of approval _____

Signature _____ Title _____ Date _____