



# ULSTER COUNTY DEPARTMENT OF HEALTH

300 Flatbush Avenue, Kingston, NY 12401-2740, (845) 340-3150, Fax (845) 334-8337

**MICHAEL P. HEIN**  
*County Executive*

**CAROL M. SMITH, MD, MPH**  
*Commissioner of Health*

Dear Food Service Establishment Owner/Operator:

Enclosed is an application for a permit to operate a Food Service Establishment in Ulster County for the period beginning **March 1, 2012** and ending **February 28, 2013**. **This application and appropriate fee(s) must be submitted at least 21 days before the first day of operation of a Food Service Establishment. Please be advised that operating without a valid permit is a violation of Part 14 of the New York State Sanitary Code and may subject you to an administrative enforcement action and may result in closure.** Also, it is the responsibility of the owner and/or operator of a food service establishment to notify the Ulster County Department of Health in writing of any changes in the status of the operation of your establishment (e.g. closing, change of ownership, etc.). **Food Service Establishment permits are not transferable.**

The following **must** be completed and returned in order for your application to be processed. The application **cannot be processed** if **any** of the required information below is missing or incomplete. If you have any questions regarding the enclosed application, please call Environmental Health Services Division at (845)340-3010.

- Complete the enclosed application and sign and print your name on page four.
- Enclose copies of \*Workers' Compensation and Disability forms (only the form numbers specified on page four of the application are acceptable) or signed CE-200 Exemption form.

**\*New York State Law requires every facility to have workers' compensation and disability insurance or to have a CE-200 Exemption form from the New York State Workers' Compensation Board. See page four of the application and the reverse side of this letter for instructions and the forms that must be submitted with your application.**

- For Mobile Unit/Pushcart Operator, see enclosed letter regarding additional documentation requirements.
- Enclose appropriate payment of fee(s) by check or money order payable to:

**ULSTER COUNTY COMMISSIONER OF FINANCE**

The fee schedule for Food Service Establishments is as follows:

**Food Service Establishment**

Restaurants:	Seating Capacity of 0 - 25.....	\$100.00
	Seating Capacity of 26 - 75.....	\$225.00
	Seating Capacity of 76 and over.....	\$300.00
Mobile Units/Pushcarts.....		\$ 60.00
Catering/Commissary.....		\$200.00
Vending Operation: Seating Capacity of 0 - 25.....		\$ 50.00
	Seating Capacity of 26 and over.....	\$100.00
Frozen Dessert Machines (includes soft ice cream, Italian ices, frozen yogurt, frozen custard, ice milk, sherbet and freezer made shakes, etc.)....		\$ 25.00
Water Sample (when required).....		\$ 40.00
Returned Check Fee.....		\$ 35.00

**ALL PERMIT APPLICATION FEES ARE NON-REFUNDABLE**

- Return all of the above to:

**Ulster County Department of Health  
Environmental Health Services Division  
300 Flatbush Avenue  
Kingston, New York, 12401-2740**

**Important Information**  
**NYS Workers' Compensation/Disability Insurance**

The NYS Workers' Compensation Law requires every application for a permit to operate to include one or more of the following forms concerning workers' compensation and disability coverage. Please provide this office with the appropriate information as described below. If you have any questions about your Workers' Compensation/Disability insurance coverage requirements please contact the NYS Workers' Compensation Board by email at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or by calling (877) 632-4996.

**When Workers' Compensation/ Disability Insurance is Required:**

A. For Workers' Compensation you must submit one of the following forms with the permit application:

- Form C-105.2 – Certificate of Workers' Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Self-Insurance (issued by the State Insurance Fund); **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance, **OR**
- GWI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance;

**AND**

B. For Disability Benefits, you must submit one of the following forms:

- DB-120.1 – Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

**When Workers' Compensation/ Disability Insurance is *Not* Required:**

You must submit **Form CE-200** – Certificate of Attestation of Exemption. This form can be obtained by the following ways:

(a) (Quick Option) – Access the online application at [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click the "WC/DB Exemption" button and then click "Request for WC/DB Exemption (Form CE-200)". Complete the on-line application, then print, sign and submit the certificate with your application. Internet access may be obtained at your public library if you do not have Internet access at your business or home.

(b) (Allow 6-8 weeks) - Contact the customer service center at (866) 750-5157 for a paper copy application. Mail this to the WCB. When you receive your Exemption Certificate from WCB; submit a copy with your application.

# 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 Subpart 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 Department of Health

Environmental Health Services

300 Flatbush Avenue, Kingston, NY 12401-2740

**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     Expected closing date      S  M  T  W  T  F  S Hours of operation    AM    PM    AM    PM  
Month/Day Month/Day Open 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 \_\_\_\_\_

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

