



# 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 Migrant Farm Worker Housing Owner/Operator:

Enclosed is an application for a permit to operate Migrant Farm Worker Housing in Ulster County for the period **beginning January 1, 2013 and ending December 31, 2013**. This application and the appropriate fee(s) must be submitted at least 30 days before the first day of operation. Please be advised that operating without a valid permit is a violation of Part 15 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 Migrant Farm Worker Housing 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.). **Migrant Farm Worker Housing 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 James T. Rodden at (845) 340-3021.

- Complete the enclosed application and sign and print your name on page four
- Expected opening and closing dates must be completed on the application
- Enclose copies of \*Workers' Compensation and Disability forms 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 4 of the application and the reverse side of this letter for instructions and the forms that must be submitted.
- Call this office as soon as possible to schedule an appointment for a pre-season inspection. A permit is required prior to occupying any portion of the farm worker housing.
- Nitrate samples are required to be taken on a yearly basis. Enclosed is a list of laboratories that provide this service. Please try to take this sample prior to operating.
- Enclose appropriate payment of fee(s) by check or money order payable to: Ulster County Commissioner of Finance

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

**Migrant Farm Worker Housing Fee Schedule**

5- 9 Occupants.....	\$100.00
10 - 25 Occupants.....	\$150.00
26+ Occupants.....	\$200.00
Water Sample (when required).....	\$ 40.00
Returned check fee .....	\$ 35.00

Return all of the above to:

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



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

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

January 2013

Dear Migrant Farm Worker Housing Owner/Operator:

Enclosed please find a list of certified laboratories in our area for your use. As in the past, we will collect a surveillance water sample(s) for coliform bacteria. We will attempt to take these samples during your pre-operational inspection.

Please keep in mind that you must take one nitrate sample each year. The labs on the enclosed list can provide that service for you.

If you have any questions regarding these requirements, please feel free to call me at 845-340-3030.

Sincerely,

James T. Rodden, Jr.  
Environmental Health Manager

Greene County

J. Myers Water Services, Inc.  
Joseph Myers  
7974 Main Street, PO Box 214  
Hunter, NY 12442  
(518) 263-4333  
Bacteria, Other services via contract

Sullivan County

Catskill Regional Medical Center  
Joan Cummings  
68 Harris-Bushville Road  
Harris, NY 12742  
(845) 794-3300  
Bacteria Only

Town of Thompson  
William Culligan  
128 Rockridge Drive  
Monticello, NY 12701  
(845) 794-5280  
Bacteria Only

Albany County

Adirondack Environmental Services, Inc.  
Paul Batista  
314 North Pearl Street  
Albany, NY 12207  
(518) 434-4546  
Full Service

Mail Services

National Testing Laboratories, Ltd.  
David Vesey  
556 South Mansfield Street  
Ypsilanti, MI 48197  
(734) 483-8333  
Full Service

**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**

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) 

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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 

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 Permit Expiration Date 

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Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_