



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 School Food Service Operator:

Enclosed is an application for a permit to operate a Food Service Establishment in Ulster County for the period beginning **September 1, 2012** and ending **August 31, 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 Mike Maclary at (845)340-3030.

- 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 4 of the application for instructions.) See the enclosed notice regarding the forms that must be submitted with your application.**
- Complete enclosed School Food Service Operator Survey
- Enclose appropriate payment of fee(s) by check or money order payable to:

ULSTER COUNTY COMMISSIONER OF FINANCE

The fee schedule for School Food Service Establishments is as follows:

Seating Capacity of 0 - 25.....	\$100.00
Seating Capacity of 26 - 75.....	\$225.00
Seating Capacity of 76 and over.....	\$300.00
Catering/Commissary.....	\$200.00
Frozen Dessert Machines (includes soft ice cream, Italian ices, frozen yogurt, frozen custard, ice milk, sherbet and freezer made shakes, etc.)....	\$ 25.00
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 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. 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.

SCHOOL FOOD SERVICE OPERATOR SURVEY

ULSTER COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
300 FLATBUSH AVENUE
KINGSTON, NY 12401-2740

School District: _____

Superintendent of the District: _____

School: _____

Address: _____

Phone Number: _____

Principal: _____ Phone: _____

Population of the School: _____

Superintendent of Buildings & Grounds: _____ Phone: _____

WATER SUPPLY

Municipal: Yes _____ No _____
System _____

Private System: Yes _____ No _____
Type (Well, Spring): _____
Treatment: _____

SEWAGE DISPOSAL

Municipal: Yes _____ No _____
System _____

Private System: Yes _____ No _____
Type: _____
Treatment: _____

FOOD SERVICE

Cafeteria: Yes _____ No _____ Cafeteria Seating Capacity: _____

Supervisor: _____ Phone: _____

Kitchen: Yes _____ No _____

Food Prepared On Site: Yes _____ No _____

Food Prepared Off Site: Yes _____ No _____
Source: _____

The above information is correct for the 2012-2013 school year.

Signature Date

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 Bathing Beaches
 Outdoor Pools Food Service
 Spa Pools Frozen Dessert
 Day Camps 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

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 _____

