



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

December 2012

Dear Temporary Residence Owner/Operator:

Enclosed is an application for a permit to operate a Temporary Residence in Ulster County for the period **beginning December 1, 2012** and ending **November 30, 2013** for a **Year Round Residence** or for the period **beginning June 1, 2012** and ending **May 31, 2013** for a **Seasonal Residence**. **This application and the appropriate fee(s) must be submitted before a permit can be issued. Please be advised that operating without a valid permit is a violation of Part 7-1 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 temporary residence 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.). **Temporary Residence 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 Denise Woodvine at (845) 340-3019.

- Complete the enclosed 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.**
- Enclose appropriate payment of fee(s) by check or money order payable to: Ulster County Commissioner of Finance

The fee schedule for Temporary Residences is as follows:

TEMPORARY RESIDENCE - YEAR ROUND

| | |
|--------------------------|----------|
| 1 - 10 Units..... | \$100.00 |
| 11 - 20 Units..... | \$150.00 |
| 21 - 100 Units..... | \$250.00 |
| More than 100 Units..... | \$500.00 |

TEMPORARY RESIDENCE - SEASONAL

| | |
|-------------------------|----------|
| 1-10 Units..... | \$100.00 |
| 11-50 Units..... | \$150.00 |
| More than 50 Units..... | \$250.00 |

Water Sample (when required).....\$ 40.00

Returned check fee.....\$ 35.00

ALL APPLICATION/PERMIT 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.



ATTENTION

HOTEL AND MOTEL OPERATORS

(Including Lodges, Cabins, B&Bs, Inns or any overnight accommodation)

**THE COUNTY OF ULSTER
REQUIRES THAT YOU REGISTER
WITH THE
ULSTER COUNTY DEPARTMENT
OF FINANCE
WITHIN THREE DAYS OF
OPENING.**

**ALL OPERATORS ARE REQUIRED TO
COLLECT A 2% OCCUPANCY TAX AND
REMIT THESE COLLECTIONS TO THE
ULSTER COUNTY DEPARTMENT OF
FINANCE ON A QUARTERLY BASIS.**

Please Contact the Ulster County Finance
Department by visiting the 4th floor of the County
Office Building on 244 Fair Street in Kingston, NY
or contact by phone at (845) 340-3432 or on the
web at www.ulstercountyny.gov

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

