$239 \; Golden \; Hill \; Lane, \; Kingston, \; NY \; 12401-6441, \; (845) \; 340-3010, \; \; Fax \; (845) \; 340-3045$ 

JEN METZGER
County Executive

**EVE WALTER, PhD** *Public Health Director* 

## \*\* PLEASE READ CAREFULLY AND ENTIRELY TO ENSURE TIMELY AND PROPER PROCESSING OF YOUR PERMIT APPLICATION\*\*

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 and ending August 31 of the following year. 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 <u>MUST</u> be completed in its entirety and returned in order for your application to be processed. The application <u>CANNOT be processed</u> if <u>ANY</u> of the required information below is missing or incomplete and will be returned and subject to a \$75.00 late fee, if applicable. If you have any questions regarding the enclosed application, please call the Environmental Health Services Division at (845) 340-3010.

a 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 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 WC-DB information sheet for instructions regarding the forms that MUST be submitted.
	Complete enclosed School Food Service Operator Survey
	Enclose appropriate payment of fee(s) by check or money order payable to: $\underline{\textbf{Ulster County Commissioner of Finance}}$
	School Food Service Establishment Fee Schedule  Seating Capacity of 0 - 25
Return all of the above to:	
Ulster County Department of Health	
	Environmental Health Services Division
239 Golden Hill Lane	

Kingston, New York, 12401