



ULSTER COUNTY DEPARTMENT OF HEALTH

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

JOHANNA CONTRERAS

Acting County Executive

CAROL M. SMITH, MD, MPH

Commissioner of Health

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

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** and ending **February 28 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 **MUST** be completed in its entirety 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 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.

- 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.**
- 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**

Food Service Establishment Fee Schedule

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| 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..... | \$ 20.00 |

ALL PERMIT/APPLICATION FEES ARE NON-REFUNDABLE

- Return all of the above to:
**Ulster County Department of Health
Environmental Health Services Division
239 Golden Hill Lane
Kingston, New York 12401**

Website: www.co.ulster.ny.us/health