



Monroe County Department of Public Health

Food Protection – Room 1020
111 Westfall Road
Rochester, New York 14620
Phone (585) 753-5064 / Fax (585) 753-5013

DO NOT WRITE IN THIS SPACE Date ___/___/___
Rec. # _____ Check # _____ Amount _____
New Name/Operator Change
_____ Inspector _____
Former Est. Name _____

**** Walk-in Office Hours: M-F 9AM-Noon – Appointment required after Noon and before 4:00PM****

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT
Please complete this form. Print or type all information.

Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.

Name of Establishment _____ Number of seats _____
Address _____
Location: _____ Zip _____ Business Telephone _____
(city, town or village) (state)

OWNER/CORPORATION NAME _____
(Partnership or Corporate Title – if applicable- copy of certificate attached)

Billing Address _____ City _____ State _____ Zip _____

Home Address (Non PO Box) _____ Home telephone _____

Cell Phone _____ E-Mail _____

Partners' or Corporate Officers' Names & Titles _____ Home Addresses and Phone Number _____

Type of establishment Restaurant and/or Tavern Catering School or College Retail Bakery Delicatessen
 Industrial Food Service Commissary Mobile Vending (provide details on back) Pushcart (provide details on back)

Operating Days and Hours _____

Certified Food Worker (If you do NOT meet the training requirements at time of submission of this application you MUST list the SCHEDULED training dates & the training providers for these workers and MUST submit proof of completion of course to office)

Name of L1 worker* _____ Certification # _____ exp _____
* Please attach a copy of certificate. (ServSafe, National Registry, or Prometric)

Name of L2 worker** _____ Certification # _____ exp _____
** Please attach a copy of Level 2 certificate.

Signed _____ Date of application _____

Print name _____

Fees: Bakeries, Commissary, Mobile Units, Pushcarts, Delicatessens & Caterers \$225.00
Restaurant Seating 0-25 \$170.00 Restaurant Seating 26-50 \$230.00 Restaurant Seating 51+ \$370.00

(OVER- CONTINUED ON BACK OF PAGE)

Worker's Compensation and Disability Insurance Information

(Proof of insurance is required prior to permit issuance)

Workers' Compensation: Check and Submit Certificate with Application

- Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **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 Benefits: Check and Submit Certificate with Application

- DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

***NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.**

When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is **Not** provided)

Note: Applicants will be able to fill out the CE-200 on line at the Worker's Compensation Board's website, www.wcb.ny.gov (use the **CE-200 (12/08)**) and print a copy for submission to the Department of Public Health. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 West Main St., Rochester, NY 14614**. The toll free number for the office is **1-866-211-0644**.

Mobile Food Service Information

(Fill out if 'Mobile Vending' or 'Pushcart' is checked on Page 1)

Type of Vehicle Motorized Pushcart Other (specify) _____

Commissary Name: _____ Letter

Source of Water: MCWA Other: _____ **Size of water supply tank:** _____ **Size of waste tank:** _____

Is the water tank and plumbing NSF approved (food grade)? _____

Photo of interior / or drawing of equipment layout for mobile trucks Photo of exterior of mobile truck or pushcart

Where do you plan to set up? _____

When do you plan to operate? weekdays weekends evenings winter or any time when temperatures are 32°F or <

Check the foods you are planning to serve:

- Hot dogs Hamburgers (commercial pre-formed) Pre-cooked sausage
- Pre-cooked chicken Shaved frozen steaks Commercial hot sauce

List any other types of food you would like to be considered for approval of service:
