



ORANGE COUNTY DEPARTMENT OF HEALTH - Division of Environmental Health
 124 Main Street - 3rd Floor, Goshen, NY 10924, Telephone: 845-291-2331
 Email: EnvHealth@orangecountygov.com, Website: www.orangecountygov.com

FOR OFFICE USE ONLY	
F#	_____
P#	_____
OP#	_____

General Permit Application Do not use if your operation type is not listed in the Primary Operation Box**

Name of Establishment: _____ (DBA- Name you will have on the sign/ menu/ advertisements)

Reason for Application: New Operator New Facility Permit Renewal Name Change

Type of Business: Commercial (for Profit) Non-commercial/Non-profit

Facility Served by? Well Public/Municipal water Septic Public Sewer

****What is your Primary Operation?** (Check one)

Temporary Residence (ie Hotel)-# of Rms _____

Agricultural Fairground

Mobile Home Park- # of Sites _____

Campground - # of Sites _____

Beach- # of Swimmers _____

Spray Ground- Capacity _____

Migrant Labor Camp- # of People _____

Children's Camp- Day or Overnight

What are your Secondary Operations, not for general public use?

How many?

_____ Food Service Establishment(s)*- # of Seats _____

_____ Beach(es)- # of Swimmers _____

_____ Indoor Pool(s)- # of Swimmers _____

_____ Outdoor Pool(s)- # of Swimmers _____

_____ Spa(s) - Capacity _____

Year-Round? Yes No

Expected Opening Date: _____ **Expected Closing Date:** _____

Days/ Hours of Operation: _____

Food Service manufactures Frozen Dessert* (Soft-serve ice cream, snow cones, slush puppies etc.)? Yes -Additional \$25 fee No

Establishment Location and Contact Information

Former Name: _____ (if applicable)

Physical Address: Street Address _____ Unit # _____ Required for multi-use buildings

City _____ State _____ ZIP Code _____

Facility Phone #: _____ **Facility Email:** _____

Operator Information

Name of Operating Entity _____ (Business or individual):

Type of Operating Entity: Corporation Partnership Individual LLC Association

Contact Person(s) _____ (If not listed above):

MAILING Address: Street Address _____ Unit # _____

City _____ State _____ ZIP Code _____

1st Phone #: _____ Office Cell Home

2nd Phone #: _____ Office Cell Home

Operator Email Addr: _____ (REQUIRED)

Continued on Page 2

Fee Schedule

Commercial / For-Profit Fees -

Application Fees are required for all **Commercial Businesses** – see Fee Schedule on Page 3 – *Please call our office if you are unsure of the fee.*

Non-Commercial / Non-Profit Fees-

- Pay only \$25 frozen dessert fee and/or expediting fees** (\$200 or \$100) required, if applicable

****Expediting- available with approval- call to discuss**

- review/processing within 5 business days - Additional \$100 fee
- review/processing within 2 business days - Additional \$200 fee

If approved, the entire payment (including application fees) must be paid with cash, bank certified check or money order.

How to Pay Application Fee-

Acceptable types of payment:

- **Cash-** exact amount only, no change available
- **Personal Checks-** only *If not expediting*
- **Certified Bank Checks or Money Orders**
 - Make checks/MOs payable to: **ORANGE COUNTY DEPARTMENT OF HEALTH** or **OCDOH**

Sorry, credit card payments are not accepted at this time.

Applications are not accepted without payment.

Therefore, Commercial Applications are not accepted through email.

The following items can be emailed to OCDOH at EnvHealth@OrangeCountyGov.com

- *Non-commercial/Non-profit* Applications and supporting documents
- Proof of Insurance or exemption (see requirement below)

Workers Compensation and Disability Insurance Coverage REQUIREMENT

Must be completed by all applicants

Check the appropriate lines and submit copies of the appropriate documentation with the application to document compliance with the Workers' Compensation Law:

A. Workers' Compensation and Disability Insurance Coverage Provided

Workers' Compensation

- | | | |
|---|--|-----------|
| <input type="checkbox"/> Form C-105.2 | - Certificate of Workers' Compensation Insurance (From your insurance carrier) | OR |
| <input type="checkbox"/> Form U-26.3 | - Certificate of Workers' Compensation Insurance (From the State Insurance Fund) | OR |
| <input type="checkbox"/> Form SI-12 | - Certificate of Workers' Compensation Self Insurance | OR |
| <input type="checkbox"/> Form GSI-105.2 | - Certificate of Participation in Workers' Compensation Group Self Insurance | |

AND

Disability Insurance

- | | | |
|--|---|-----------|
| <input type="checkbox"/> Form DB 120.1 | -Certificate of Disability Benefits (From your insurance carrier) | OR |
| <input type="checkbox"/> Form DB 155 | -Certificate of Disability Self Insurance | |

B. Workers' Compensation and Disability Insurance Coverage NOT PROVIDED

Form CE-200-Certification of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

APPLICATIONS WILL NOT BE PROCESSED NOR A PERMIT ISSUED WITHOUT WC/DB DOCUMENTATION

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this permit is granted me for the operation of the above described food service establishment, I promise to observe faithfully all of the requirements of Subpart 14-1 of the New York State Sanitary Code.

Print Name of Legal Operator: _____ Title: _____

Printed

Operator's Signature: _____ Date: _____

For EH Office Use Only:

Permit Expiration _____ Issued By: _____