

ORANGE COUNTY DEPARTMENT OF HEALTH  
124 MAIN STREET  
GOSHEN, N.Y. 10924

FOOD SERVICE CATERING OPERATION PERMIT APPLICATION

\_\_\_\_\_ 20\_\_\_\_

Date

Under the provisions of Subpart 14-1 of the New York State Sanitary Code, application is hereby made for a permit to operate a catering operation concerning which the following information is submitted:

Name of Operation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type: \_\_\_\_\_ Daytime Tel. #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Operating Person\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ List of currently scheduled events is attached.

A fee of \$300.00 is required for all non fixed base catering operations.

Catering commissaries require a separate permit application and an additional \$300.00 fee.

**\*\*\*Initial Permit Applications needing or requesting review/processing within 5 business days of our receipt shall be subject to a \$100 expedited processing fee or \$200 expedited processing fee if within 2 business days of our receipt (including those normally exempt from fees).\*\*\***

Either a check or money order should be made out to the Orange County Department of Health and must accompany this application.

**WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE**

**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

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

**AND**

Disability Insurance

- |                  |   |           |
|------------------|---|-----------|
| ____ DB-120.1    | -Certificate of Disability Benefits (From your insurance carrier) | <b>OR</b> |
| ____ Form DB-155 | -Certificate of Disability Benefits 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 Coverage |  |
|------------------|--|--|

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

I acknowledge that I have received a copy of Subpart 14-1 of the New York State Sanitary Code. If a permit is granted to me for the operation of the above described catering operation, I promise to observe faithfully all of its requirements.

\_\_\_\_\_  
Print name of person signing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of official operating "person"  
(officer when operating "person" is a corporation  
or association)

\_\_\_\_\_  
Title of Position

As defined in the State Sanitary Code, a "person" shall mean an individual, or firm, estates, partnership, company, corporation, Trustee, association, or any public or private entity.