

ORANGE COUNTY DEPARTMENT OF HEALTH
124 MAIN STREET
GOSHEN, N.Y. 10924
FOOD AND BEVERAGE VENDING OPERATION PERMIT APPLICATION

Under the provisions of Subpart 14-4 of the New York State Sanitary Code, application is hereby made for a permit to operate a food and/or beverage operation location concerning which the following information is submitted:

Name of Vending Company: _____

Mailing Address: _____

Name of Operating Person*: _____

Address: _____ Phone: _____

E-Mail: _____ Name and Address of Vending Machine Location (s) (use page 2)

Number of Machines (Food, Beverages, Snacks): _____ Foods Served: _____

Commissary (Name, Address, Phone): _____

A fee of \$50.00 per vending machine is required. All machines serving food, beverages and snacks are required to be under permit. 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) | OR |
| ___ Form U-26.3 | -Certificate of Workers' Compensation Insurance (From 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 Insurance

- | | | |
|-----------------|---|-----------|
| ___ DB-120.1 | -Certificate of Disability Benefits (From your insurance carrier) | OR |
| ___ 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 |
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APPLICATIONS WILL NOT BE PROCESSED NOR A PERMIT ISSUED WITHOUT WC/DB DOCUMENTATION

I acknowledge that I have received a copy of Subpart 14-4 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.

