



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# _____

Vending Machine(s) Food Service Permit Application

DBA of Business: _____

Reason for Application: New Operator Permit Renewal Name Change Adding Machines to Existing Permit

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

Operator Information

Name of Operating Entity (Business or individual): _____

Type of Operating Entity: Corporation Partnership Individual LLC Association

Operator or Contact Person(s)			
MAILING Address:	Street Address	Unit #	
	City	State	ZIP Code
1st Phone #:		<input type="checkbox"/> Office	<input type="checkbox"/> Cell <input type="checkbox"/> Home
2nd Phone #:		<input type="checkbox"/> Office	<input type="checkbox"/> Cell <input type="checkbox"/> Home
Email Address* (REQUIRED): _____			

Machine information and Fee Schedule

of Machines _____

****Fee is determined by the # of snack, food or beverage machines, excluding machines exclusively vending canned or bottled beverages.**

If fee required: \$50 per snack, food or bev. machine x _____ machines = \$ _____**

List of machines (REQUIRED) (see instructions below if more than 6 machines)

Machine ID (if appl.)	Business where machine is Located	Address of Location	Municipality (Town, Village, City)	Specific Location (1 st floor hall, basement etc.)	Type of machine

****Please note** - If you have more than 6 machines - you must email a list of machines with the above noted information to: ENVHealth@OrangeCountyGov.com**

Continues on Page 2 – Signature Required

How to Pay Application Fee-

Acceptable types of payment:

- **Cash-** exact amount only, no change available
- **Personal Checks**
- **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
- A list of machines must be emailed if you have more than 6 machines
- Proof of Insurance or exemption (see requirement on page 2)

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"/> GSI-105.2 | - Certificate of Participation in Workers' Compensation Group Self Insurance | |

AND

Disability Insurance

- | | | |
|--------------------------------------|---|-----------|
| <input type="checkbox"/> 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

- | | |
|---|--|
| <input type="checkbox"/> 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 14-5 of the New York State Sanitary Code.

Print Name of Legal Operator: _____ Title: _____

Printed

Operator's Signature: _____ Date: _____

For EH Office Use Only: FSE Permit Expiration _____ Issued By: _____
