

ORANGE COUNTY DEPARTMENT OF HEALTH, 124 MAIN STREET, GOSHEN, NY 10924
COMMERCIAL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Name of Establishment: _____

Former Name if Different from above: _____

Location: _____
street municipality state zip

Mailing Address: _____
street municipality state zip

Type: _____ Facility Telephone Number: _____ E-Mail _____ Seating Capacity: _____

Circle if for: new operator new facility permit renewal name change seating increase

Operating Person-Circle if: Corporation Partnership Individual LLC Association

List Name(s) of Operating Person Circled Above: _____

Address: _____ Phone _____

Property Owner If Different From Above: _____

Address: _____

A fee is required in accordance with the following seating capacities:

0 – 25----- \$225.00 51-100-----\$300.00 more than 200-----\$400.00

26-50-----\$250.00 101-200-----\$350.00

Frozen Dessert Manufactured (soft service cream, snow cones, slush puppies etc.): ___ Yes ___ No

An additional fee of \$25.00 is required if frozen desserts are manufactured and served.

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

*****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).*****

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 Benefits Coverage

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

If a 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 Person Signing

Date

Signature of Official Operating "Person"
(officer when operating "person" is a corporation,
Association, LLC. Etc.)

Title of Position