



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# _____

Food Service Establishment Permit Application

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
Food Service: [] Well [] Public/Municipal water
Served by?: [] Septic [] Public Sewer

Do you have Frozen Dessert Manufactured* (soft-serve ice cream, snow cones, slush puppies etc.)?
Year-Round? Expected Opening Date: Expected Closing Date: Days/ Hours of Operation:

Establishment Location and Contact Information

Former Name (if applicable)
Physical Address: Street Address, City, State, ZIP Code, Unit #, Required for multi-use buildings
Facility Phone #
Seats Provided for Customer Use*

Operator Information

Name of Operating Entity (Business or individual):

Type of Operating Entity: [] Corporation [] Partnership [] Individual [] LLC [] Association

Owner or Contact Person(s) (If not listed above)
MAILING Address: Street Address, City, State, ZIP Code, Unit #
1st Phone #: [] Office [] Cell [] Home
2nd Phone #: [] Office [] Cell [] Home
Email Address* (REQUIRED)

Fee Schedule

Commercial / For-Profit Fees -

Application Fee is required for Commercial Businesses in accordance with the seating provided*:
0-25 Seats...\$275.00 51-100 Seats...\$350.00 More than 200 Seats...\$450.00
26-50 Seats...\$300.00 101-200 Seats...\$400.00 Add Additional \$25 for Frozen Dessert

Continues on Page 2

Fee Schedule (Cont.)

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**
 - o 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"/> 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

- 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:
FSE Permit Expiration _____ Issued By: _____