

ORANGE COUNTY DEPARTMENT OF HEALTH, 124 MAIN STREET, GOSHEN, NY 10924  
APPLICATION FOR A PERMIT  
TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT OR PUSHCART

PERMIT FEE- \$125.00- PAYABLE TO THE ORANGE COUNTY DEPARTMENT OF HEALTH  
FROZEN DESSERT- \$25.00 ADDITIONAL FEE IF FROZEN DESSERTS (SOFT SERVE ICE CREAM, SNOW CONES, SLUSH PUPPIES, ETC.) ARE MANUFACTURED AND SERVED.

This application must be submitted at least 21 days before the first day of operation or at least 15 days prior to the expiration of an existing permit. OPERATION OF A MOBILE FOOD SERVICE ESTABLISHMENT OR PUSHCART WITHOUT A PERMIT IS A VIOLATION UNDER PART 14 OF THE NEW YORK STATE SANITARY CODE.

**\*\*\*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).\*\*\***

Name of Establishment: \_\_\_\_\_

Circle if for: New Operator, New Unit, Renewal Application, Name Change

Operating Person-Circle If: Corporation, Partnership, Individual, LLC, Other

List Name(s) of Operating Person Circled Above: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Commissary: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Type of Vehicle (Motorized, Pushcart): \_\_\_\_\_

Location/Area Served: \_\_\_\_\_

Foods to be Served: \_\_\_\_\_

Expected Opening Date: \_\_\_\_\_ Expected Closing Date: \_\_\_\_\_

**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**

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE, COPY OF WHICH THE APPLICANT HAS RECEIVED AND ACKNOWLEDGES THAT HE IS AQUAINTED WITH ITS CONTENTS.

Date: \_\_\_\_\_ Signature of Owner or Operator: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name of Person Signing Above: \_\_\_\_\_

For Office Use Only

Permit Recommended: \_\_\_ Yes \_\_\_ No      Expiration Date: \_\_\_\_\_      Issue Date: \_\_\_\_\_      By: \_\_\_\_\_

Permit Conditions: \_\_\_\_\_