

Office of the County Executive  
George Latimer

Department of Health  
Sherlita Amler, MD  
Commissioner of Health

**NOTICE TO APPLICANTS FOR AN ORIGINAL PERMIT  
TO OPERATE A MOBILE FOOD SERVICE UNIT**

Provisions of the New York State and Westchester County Sanitary Codes require that a permit be obtained from the Health Department for the operation of a Mobile Food Unit. To apply, **you are required to file the following documents with this Department:**

1. An Application for Original Permit for a Food Service Establishment (attached).
2. The non-refundable application fee for the issuance of a Mobile Food Unit Permit is as follows:

Mobile Food Unit	\$320
Frozen Dessert Machine	25
3. Mobile Food Unit Route AND Commissary Information (attached).
4. Worker's Compensation/Disability Insurance Certification
5. A copy of the current menu/foods offered for sale.
6. NOTE: Vehicles that contain cooking equipment that produce smoke or grease-laden vapors for the purpose of preparing and serving food to the public MUST provide proof of a satisfactory inspection conducted by the local municipality for compliance with Building/Fire Codes.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits must provide one of the following forms to the government entity issuing the permit:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. This form can be found at [www.wcb.ny.gov](http://www.wcb.ny.gov)

FOR WORKERS' COMPENSATION

B) C-105.2 -- Certificate of Workers' Compensation Insurance

PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

C) SI-12 -- Certificate of Workers' Compensation Self-Insurance **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance

FOR DISABILITY BENEFITS REQUIREMENTS

D) DB-120.1 -- Certificate of Disability Benefits Insurance; **OR**

E) DB-155 -- Certificate of Disability Benefits Self-Insurance



**Any questions concerning the forms or procedure should be directed to the local NYS Workers' Comp Board Office or the Bureau of Compliance, NYS Workers' Comp Board at 518-486-6307.**

Only ***CERTIFIED CHECKS OR MONEY ORDERS***  
payable to **WESTCHESTER COUNTY HEALTH DEPARTMENT**  
will be accepted.

BE SURE APPLICATIONS ARE COMPLETE.

Please contact us prior to bringing your completed application and mobile food unit so that an appointment can be made for an inspection.

**Westchester County Health Department  
Bureau of Public Health Protection  
25 Moore Avenue  
Mount Kisco, NY 10549  
(914) 864-7330**

**NO UNIT WILL BE GRANTED PERMISSION TO OPERATE UNTIL THE  
VEHICLE PASSES HEALTH DEPARTMENT STANDARDS AND A STICKER  
IS PLACED ON THE UNIT**



George Latimer  
County Executive

Sherlita Amler, M.D.  
Commissioner of Health

Bureau of Public Health Protection  
APPLICATION FOR MOBILE FOOD UNIT PERMIT  
(Please print clearly)

The undersigned hereby applies for a permit to operate or maintain a business involving the following (check one or more as appropriate):

MOBILE FOOD UNIT \_\_\_\_\_ (\$320)      FROZEN DESSERT MANUFACTURER \_\_\_\_\_ (\$25 additional)

1. NAME OF BUSINESS/UNIT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_  
Municipality (Town, Village, City of) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MAILING NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. OWNER'S NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
(If corporation, state corporation name)

ADDRESS \_\_\_\_\_  
Street address \_\_\_\_\_  
Municipality \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TYPE OF OWNERSHIP: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ \*Corporation \_\_\_\_\_

\*Unincorporated Association \_\_\_\_\_ Municipality \_\_\_\_\_ Limited Liability Company (L.L.C.) \_\_\_\_\_

\*If owner is a corporation or unincorporated association, file  
"Certificate of Resolution of Board of Directors"

CORPORATION OFFICERS OF PARTNERS:

Name and Title: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3. WORKER'S COMPENSATION DATA:

Please provide proper documentation of Worker's Compensation and Disability Coverage.

Or \_\_\_ Form CE-200, stating that such coverage is not required is attached.

4. a) Normal hours of operation: \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

b) Days of week unit is not operating:

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

c) If summer operation, state: opening date \_\_\_\_\_ closing date \_\_\_\_\_

d) Number of food preparation employees (including owner): \_\_\_\_\_

e) Total number of employees (include owner if he works full time): \_\_\_\_\_

f) Make of vehicle \_\_\_\_\_

g) Address where vehicle is stored: \_\_\_\_\_

5. FOOD MANAGER'S CERTIFICATION COURSE (PLEASE PRINT CLEARLY)

Have you taken the Food Manager's Certification course  Yes  No

If yes, name of person who took course: \_\_\_\_\_

Name of course: \_\_\_\_\_

Date of course: \_\_\_\_\_

6. EMAIL ADDRESS: \_\_\_\_\_

**I agree to comply with the requirements of the Westchester County Sanitary Code and the New York State Sanitary Code.**

**I agree to permit the taking by a duly authorized representative of the Westchester County Health Department of samples of ingredients, food, equipment, utensils, containers, or any substance on premises or in possession and used in food handling.**

AUTHORIZED SIGNATURE \_\_\_\_\_

NAME (Print) \_\_\_\_\_

DATE \_\_\_\_\_ TITLE \_\_\_\_\_

Section 5 of the New York State Tax Law requires that you provide you Social Security Number and/or Federal Employer Identification Number for tax administration purposes:

S. S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ F.E.I. # \_\_\_\_\_

( ) Number applied for, but not yet received.

( ) Other. Please explain \_\_\_\_\_

OFFICE USE ONLY:

Date of Inspection \_\_\_\_\_ . Date of Approval \_\_\_\_\_

Inspector's Signature & Employee Number \_\_\_\_\_

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

Risk Assessment \_\_\_\_\_

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH PROTECTION**

Supplement to be Completed as Part of the Application

**SOURCE OF FOOD SUPPLY**

ITEM	FIRM	ADDRESS	CITY, STATE
MEAT			
FISH			
DAIRY PRODUCTS			
CANNED PRODUCTS			
BEVERAGES			
OTHER			

**FOOD MANAGER'S CERTIFICATION COURSE (PLEASE PRINT CLEARLY)**

Have you taken the Food Manager's Certification course  Yes  No

If yes, name of person who took course: \_\_\_\_\_

Social Security number of person who took course: \_\_\_\_\_

Institution where course was taken: \_\_\_\_\_

Date of course: \_\_\_\_\_



This document is a condition of the operating permit and is subject to approval by Westchester County Health Department. Changing or cancelling this document may result in closure of the Mobile Food Unit until a new document is secured, submitted and approved. This document is not transferable.

Name of Mobile Food Unit Using Commissary:	
Email:	Phone Number:
Mobile Food Unit Owner Signature:	
Printed Name:	Date:
Mobile Food Unit Vehicle Identification Number:	License Plate:
Name of Commissary Facility:	
Email:	Phone Number:
Commissary Facility Address:	City/Zip:
Commissary Owner Signature:	
Printed Name:	Date:

The commissary kitchen owner agrees to provide use of their facility as listed below:

Indicate applicable days and times of use:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_

Commissary Amenities to be used. Mark all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Hand Wash Sink        | <input type="checkbox"/> Refrigeration/Freezer Space |
| <input type="checkbox"/> Potable Water         | <input type="checkbox"/> Ice Machine                 |
| <input type="checkbox"/> 3-Compartment Sink    | <input type="checkbox"/> Freezer Space               |
| <input type="checkbox"/> Wastewater Disposal   | <input type="checkbox"/> Overnight Storage           |
| <input type="checkbox"/> Food Preparation Sink | <input type="checkbox"/> Preparation Space/Equipment |
| <input type="checkbox"/> Garbage Disposal      | <input type="checkbox"/> Electrical Hookup           |
| <input type="checkbox"/> Mop Sink              | <input type="checkbox"/> Dry Storage Space           |
| <input type="checkbox"/> Restroom Access       |  |

Other: \_\_\_\_\_

CERTIFICATE OF RESOLUTION  
FOR AUTHORIZATION

The Undersigned, \_\_\_\_\_ of \_\_\_\_\_  
Name of Corporation \_\_\_\_\_, a corporation  
Duly organized and validly existing under the laws of (State) \_\_\_\_\_  
Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said  
Corporation, at a meeting duly called and held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Be it resolved that the Board of Directors, or President if there is no Board of Directors, of (Name of  
Corporation) \_\_\_\_\_  
With offices at: \_\_\_\_\_  
Hereby authorizes (Name if person authorized): \_\_\_\_\_  
To execute and deliver to the Westchester County Department of Health, for and on behalf of said  
corporation, and application for a permit to operate a (type of operation): \_\_\_\_\_

to execute and deliver any and all additional documents which may be appropriate or desirable in  
connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and  
remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

OFFICER'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ACKNOWLEDGEMENT

Affix Corporate Seal

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_): ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_  
to me known, and known to me to be the \_\_\_\_\_ of  
\_\_\_\_\_ the corporation referred to in the within Certificate of  
Resolution, who being by duly sworn did depose and say that (s)he is \_\_\_\_\_  
of said corporation and that (s)he signed his/her name thereto.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COUNTY



## NOTICE TO MOBILE FOOD OPERATORS

### COMMISSARY AND VEHICLE STORAGE REQUIREMENTS FOR ALL MOBILE FOOD UNITS

This Department has been increasingly made aware that many Mobile Food Units are operating out of their private residences, a violation of New York State Sanitary Code Part 14, Subpart 14-4.

Therefore, all Mobile Food Units operators are advised of the following:

1. Pursuant to New York State Sanitary Code, Subpart 14-4.95 (b) and 14-4.31 (b), all Mobile Food Units must obtain all food supplies from a licensed commissary. A commissary is defined as an establishment operated under license or permit of an appropriate regulatory authority where food is manufactured, stored, prepared, portioned or packaged, or any combination of these where such food is intended for consumption elsewhere.

It is also the place which is used as the base of operations for one or more mobile food service vehicles or pushcarts, where such units are serviced, cleaned, supplied and maintained and where equipment, utensils and facilities are serviced, cleaned and sanitized.

Mobile food units and pushcart operators are advised that all foods are to be obtained from and all vehicles are to be stored at an approved commissary.

A commissary under the jurisdiction of the Westchester County Health Department must be permitted as such.

2. Per Subpart 14-4.95 (a), Mobile Food Units are to be serviced only at a commissary as described above at a frequency necessary to maintain the sanitary conditions of the mobile unit or pushcart, and in any event at least daily for pushcarts and every 72 hours for mobile food units.

FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN THE  
SUSPENSION OF YOUR PERMIT TO OPERATE A MOBILE FOOD UNIT BY  
THIS DEPARTMENT.

**NAME AND ADDRESS OF OPERATOR  
TO BE PROVIDED ON BOTH SIDES OF  
VEHICLE/PUSHCART IN FOUR INCH  
HIGH LETTERS. ONCE PERMIT # IS  
GIVEN, THAT MUST BE PUT ON  
SIDES AS WELL.**

George Latimer  
County Executive

Sherlita Amler, M.D.  
Commissioner of Health

In accordance with NY State Sanitary Code Chapter 1, Subpart 14-4, mobile food units are required to be serviced at a commissary. All food that is not prepared on the unit itself must be prepared and stored at a licensed commissary.

#### 14-4.95 Commissaries.

(a) All mobile food service establishments and pushcarts are to be serviced only at a commissary operated under a valid permit issued under Subpart 14-1 of this Part or operated under license or permit of an appropriate regulatory authority at a frequency necessary to maintain the sanitary conditions of the mobile unit or pushcart, and in any event at least daily for pushcarts and every 72 hours for mobile food service establishments.

(b) All food served by mobile food service establishments and pushcarts is to be obtained from its commissary or other source meeting the requirements of section 14-1.31 of this Part.

#### 14-4.31 Definition of Food Processing Establishment and Commissary.

(a) A food processing establishment is a commercial establishment operated under license or permit of an appropriate regulatory authority where food is manufactured or packaged for human consumption at another establishment or place.

(b) A mobile food service establishment commissary is an establishment operated under license or permit of an appropriate regulatory authority where food is manufactured, stored, prepared, portioned or packaged, or any combination of these, where such food is intended for consumption at another establishment or place. It is also the place which is used as the base of operations for one or more mobile food service establishments or pushcarts, where such unit or units are serviced, cleaned, supplied, maintained, and where the equipment, utensils and facilities are serviced, cleaned and sanitized.

The permittee must maintain a copy of their commissary agreement on the mobile food unit at all times of operation and make it available for inspection. The agreement shall include but is not limited to

- 1) Storage of the unit and foods
- 2) Cleaning and sanitizing of the unit, equipment and utensils
- 3) Disposing of refuse, liquid and solid waste generated by the operation of the unit
- 4) Amount of potable water supplied
- 5) Foods provided, including those prepared and prepackaged at the commissary
- 6) Nonfood items supplied by the commissary

The entire Mobile Food Unit Code can be accessed online at:

[https://www.health.ny.gov/regulations/nycrr/title\\_10/part\\_14/subpart\\_14-4.htm#s31](https://www.health.ny.gov/regulations/nycrr/title_10/part_14/subpart_14-4.htm#s31)

If you have any questions, please contact 914-864-7330.

2/2021

### **PUSHCARTS – Hot Dogs Only**

- Camper sink or handiwipes, sanitizing solution
- Food to be purchased daily from approved source. Leftovers to be discarded or stored in licensed MFU commissary.

### **ICE CREAM VEHICLE OR VEHICLE DISPENSING ONLY COMMERCIALY PREPARED, PURCHASED AND PACKAGED FOODS**

- Camper sink or handiwipes, sanitizing solution
- Foods to be obtained and stored at a licensed MFU commissary.

### **CALIFORNIA STYLE VEHICLE**

- Camper sink or handiwipes, sanitizing solution.
- Foods to be obtained and stored at a licensed MFU commissary.

### **HOT DOG TRUCKS**

- One compartment sink – minimum 15 gallon potable water supply. Hot and cold running water plumbed to sink. Self-contained wastewater holding tank 15% greater capacity than supply (ie. 18 gallon waste for 15 gallon supply). Sanitizing solution on vehicle. Ice refrigeration acceptable.
- Foods to be obtained and stored at a licensed MFU commissary. Wastewater to be disposed in sanitary sewer at MFU commissary. Receipts to be maintained for wastewater disposal.

### **MFU SERVING POTENTIALLY HAZARDOUS FOODS BEYOND HOT DOGS**

- Grill or range, hood and vent for same. 40 gallon potable water supply. Hot and cold running water plumbed to three compartment sink. Self-contained wastewater holding tank 15% greater capacity than supply (ie. 46 gallon waste for 40 gallon supply). Mechanical refrigeration.
- Foods to be obtained and stored at a licensed MFU commissary. Wastewater to be disposed in sanitary sewer at MFU commissary. Receipts to be maintained for wastewater disposal.