

Robert P. Astorino
County Executive

Sherlita Amler, MD
Commissioner of Health

NOTICE TO APPLICANTS FOR AN ORIGINAL PERMIT
TO OPERATE A FOOD SERVICE ESTABLISHMENT

Provisions of the Westchester County Sanitary Code require that plans and specifications be submitted to this Department for review and approval before construction or major renovation of a food service establishment is undertaken. Provisions of the Code also require that a permit be obtained from the Department PRIOR TO the operation of a Food Service Establishment. **Any food service found operating prior to inspection shall be issued a fine and may be ordered closed until the operation is found in compliance with NY State Sanitary Code.** To apply, you are required to file the following documents with this Department **NO LATER THAN 21 DAYS PRIOR TO OPERATION:**

1. An Application for Original Permit for a Food Service Establishment (attached).
2. A Certificate of Resolution for Authorization if the owner is incorporated (attached). The corporate seal must be affixed to the document.
3. The non-refundable application fee for the issuance of a Food Service Establishment Permit is as follows:

	Category		
	A	B	C
Eating Place (seats 0-100)	\$625	\$420	\$350
Eating Place (seats 101-200)	\$900	\$615	\$460
Eating Place (seats 201+)	\$1,180	\$780	\$605
Eating Place School (seats 0-100)	\$450	\$350	\$275
Eating Place School (seats 101-200)	\$520	\$450	\$385
Eating Place School (seats 201+)	\$630	\$555	\$490
Delicatessen	\$450	\$400	\$350
Frozen Dessert			\$ 25
Mobile Food Unit			\$265
Bakery, Commissary, Mobile Food Commissary			\$350
Ice Manufacturer			\$135
Catering			\$430
Food Vending Machine			\$40 per machine



4. Worker's Compensation/Disability Insurance Certification

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

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.

- A combined Fee is Required for More Than One Operation

Cash Payments are NOT Accepted

SUBMIT ALL REQUIRED PAPERS **PRIOR TO OPERATION**

Return the completed application and ALL supporting documents to:

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

Bureau of Public Health Protection
APPLICATION FOR ORIGINAL FOOD SERVICE ESTABLISHMENT PERMIT
(Please print clearly or type)

To the Commissioner of Health:

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

EATING PLACE_____, EATING PLACE SCHOOL_____, DELICATESSEN_____, CATERING_____
FROZEN DESSERT MANUFACTURER_____, MOBILE FOOD UNIT_____, COMMISSARY_____
MEALS ON WHEELS_____, MOBILE FOOD COMMISSARY_____, ICE MANUFACTURER_____
FOOD VENDING MACHINE OPERATION_____, RETAIL BAKERY_____

1. NAME OF ESTABLISHMENT _____ PHONE (_____) _____

ADDRESS _____

Street address

City

_____ Municipality (Town, Village, City of)

_____ State

_____ Zip Code

MAILING NAME & ADDRESS _____

If different from establishment _____

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:

1/2009

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 weekday starting time: _____AM _____PM closing time
 b) Days of week establishment is CLOSED:
 Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____
 c) If summer operation, state: opening date _____ closing date _____
 d) Number of **SEATS** in establishment: Counter _____ Table _____
 e) Number of food preparation employees (including owner): _____
 f) Total number of employees (include owner if he works full time): _____
 g) Source of Water Supply: Public _____ Central Well _____
 h) Sewage Disposal: Public _____ Individual System _____
 i) Garbage and Refuse: Public _____ Private Carter (Name) _____
 j) Name and Address of Pest Control Operator (Exterminator):

 k) If food vehicle state: Make of vehicle _____
 l) **Do you serve alcoholic beverages?** Yes _____ No _____
 m) **Total number of restrooms in facility:** _____ **Number of restrooms for public use:**

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: _____

Institution where course was taken: _____

Date of course: _____

6. E MAIL 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 or Type) _____

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 _____

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
_____ 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

2/2004

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			