

## **CHECK LIST FOR APPLICATION FOR A "PERMIT TO OPERATE"**

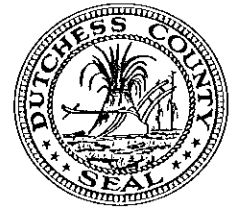
Below is a list of items NECESSARY for the Dutchess County Dept. of Health to process your Application and issue your HEALTH PERMIT.

- COMPLETE ALL REQUIRED PARTS OF YOUR APPLICATION.**
- SIGNATURE- SECTION H-** Please make sure you have signed your application.
- ANNUAL PERMIT FEE- SECTION A-** Please submit a check (starter checks are NOT accepted), money order, or cash for the proper fee. Permit fees are determined by the Health Inspector. If you have any questions about your fee call your Health Inspector.
- WORKERS COMPENSATION and DISABILITY INSURANCE- SECTION G-** You are to contact your insurance company for the correct forms and must *submit* the correct insurance forms along with the application and fee. Please see the attached info sheet.
- RETURN THIS FORM WITH ALL BOXES CHECKED!**

**ALL APPLICATIONS MUST BE SUBMITTED WITH THE ABOVE ITEMS. APPLICATIONS RECEIVED INCOMPLETE WILL BE RETURNED.**

Dear Applicant:

The New York State Workers' Compensation Law (NYS WCL) requires that the Dutchess County Department of Health (DCDOH) verify that a permit applicant possesses Workers' Compensation and Disability Benefits Insurance coverage prior to permit issuance or renewal.



The following forms **must** accompany the application to document compliance with the NYS WCL. ***If the proper paperwork is not ATTACHED with your application, you will not be issued a permit to operate. It is imperative that the correct forms are submitted with the application, that the dates are current, that the DCDOH is listed as the certificate holder, and that they are not sent under separate cover.***

1. **When WC/DB coverage IS NOT required:**

- Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits coverage. To apply and obtain this certificate immediately go on line to: <http://www.wcb.ny.gov> and click the "WC/DB Exemptions Form CE-200" box located on the homepage. Instructions are provided that will explain whether your business qualifies. Once the application is completed, print out the certificate and sign. *(Be advised that falsely submitting this form may subject you to penalties in accordance with the Workers' Compensation Law and NYS laws.)*

2. **When NYS WC/DB coverage IS required, one of each of the following forms is needed (Workers' Comp and Disability):**

A. Workers' Compensation

- Form C-105.2 (issued by the applicant's insurance carrier); **NOT FORM C-105**
- OR
- Form U-26.3 (issued by State Insurance Fund); **NOT FORM C-105**
- OR
- Form SI-12 Self-Insurance;
- OR
- GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; **NOT FORM C-105**

**AND**

B. Disability Benefits

- DB-120.1 (issued by the applicant's insurance carrier); **NOT FORM DB-120**
- OR
- Form DB-155 Self-Insurance

**Insurance documents other than the above forms WILL NOT BE ACCEPTED.** For further questions regarding Workers' Compensation and Disability call 866-750-5157.

For questions regarding your permit application call 845-486-3470.

**TEMP FOOD PERMIT**

RETURNED CHECK FEE: \$20.00

1-2 DAYS \$30

3-14 Consecutive Days \$55

**GENERAL INSTRUCTIONS**

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

**SECTION A: Facility Information**

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

**Capacity**

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

**Facility Types:**

**Agricultural Fairgrounds**

**Bathing Beaches**

Freshwater River

Impoundment/Pond

Lake

Ocean Surf

Other Saltwater

**Campground/Recreational Vehicle Park**

**Children's Camps**

Day Camp

Day Camp -- Developmentally Disabled

Day Camp -- Municipal

Day Camp -- Traveling

Overnight Camp

Overnight Camp -- Developmentally Disabled

Overnight Camp - Municipal

**Food Service Establishment**

Restaurant

Caterer

School

Institution

State Office for the Aging (SOFA) -- Prep Site

State Office for the Aging (SOFA) -- Satellite Site

Summer Feeding Program (USDA) -- Prep Site

Summer Feeding Program (USDA) -- Satellite Site

**Mass Gathering**

**Migrant Farm Worker Housing**

Farm Labor Housing

**Mobile Home Parks**

**Mobile Food**

**Recreational Aquatic Spray Grounds**

Indoor

Outdoor

**Swimming Pools**

Indoor

Outdoor

Indoor/Outdoor

Wave Pool -- Indoor

Wave Pool -- Outdoor

Wave Pool -- Indoor/Outdoor

Aquatic Amusement -- Indoor

Aquatic Amusement -- Outdoor

Aquatic Amusement -- Indoor/Outdoor

Spa

**Tanning Facility**

**Temporary Food**

**Temporary Residences**

Labor Camps other than Migrant

Interior Corridor -- Single Story

Interior Corridor -- Two Story

Interior Corridor -- Three Story

Interior Corridor -- Four or more Story

Exterior Corridor -- Single Story

Exterior Corridor -- Two Story

Exterior Corridor -- Three Story

Exterior Corridor -- Four or more Story

Cabin or Bungalow Colony

**Vending Food Machines**

**State Agency Licensed Facilities**

State Licensed Inspected Facility

State Owned Operated Facility

Day Care Center -- Residential

Day Care Center -- Non-Residential

**Water Supply/Sewage System:** Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

**Operations under this registration:** Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

**Expected Opening/Closing Date:** Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

**Days of Operation:** Check each box for the day(s) the facility will be open under routine operation.

**Hours of Operation:** Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

#### SECTION B: Operator/Owner Information

**Name of Legal Operator or Operating Corporation (Person in Charge):** Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

**Permanent Address of Operator and Telephone Number:** Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

**Employer Identification/Social Security Number:** Enter the **Employer Identification or Social Security Number** of the operator of the facility.

**Email Address and Fax No.:** Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**Name of Owner:** Enter the name of the owner of the facility if different from the operator.

**Permanent Address of Owner and Telephone Number:** Enter the mailing address and telephone number of the owner if different from the operator.

#### SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

#### SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

#### SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

#### SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

#### SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, or (2) exemption from coverage.

#### SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

PLEASE KEEP THESE GUIDELINES FOR YOUR REFERENCE

## TEMPORARY FOOD SERVICE TIPS FOR FOOD SAFETY

To help ensure that customers have a safe dining experience, make sure that the following items are addressed when preparing food for service.

### Source:

- ✓ All food and ice used in food preparation and service must be obtained from a commercial source
- ✓ All food that will be served to the public must be cooked and processed on-site or in a permitted commercial facility (no home preparation is allowed)
- ✓ Cold food must be transported at 45 degrees Fahrenheit or below

### Personal Hygiene: Persons working with food must meet the following requirements:

- ✓ Should not be ill with any contagious disease, especially diarrhea and vomiting, or have open cuts or wounds on their hands
- ✓ Always wash their hands before starting work, after using the toilet, and when hands get dirty
- ✓ Wear disposable gloves when handling any food that will not be cooked
- ✓ Wear clean clothes and use hair restraints, as needed
- ✓ Never smoke or use tobacco products when preparing and/or working around food

### Food Preparation/Food Service Area:

- ✓ Food prep/service area must have equipment and surfaces that are durable, in good repair, allow for easy cleaning, and are designed so as to prevent food contamination
- ✓ Handwashing facilities must be available
- ✓ Food should be prepped as close to service as possible

### Utensils:

- ✓ Cooking utensils and food contact surfaces must be kept clean and stored in a clean location and, between uses, washed and sanitized to prevent cross-contamination of other foods  
(the Dutchess County Health Department recommends using a bleach & water solution made up of a capful of bleach to every 1 gallon of water)
- ✓ All items for food service to public must be single service/disposable (paper or plastic cups, plates, knives, forks and spoons)

### Food Temperature Control:

- ✓ Keep food out of the temperature danger zone (between 45 degrees Fahrenheit and 140 degrees Fahrenheit)
- ✓ Minimize the amount of potentially hazardous food that is not under refrigeration, hot holding, or in the cooking process

### Cold Storage:

- ✓ Adequate refrigeration must be available to hold potentially hazardous food at 45 degrees Fahrenheit or below

**PLEASE KEEP THESE GUIDELINES FOR YOUR REFERENCE**

**Cooking:**

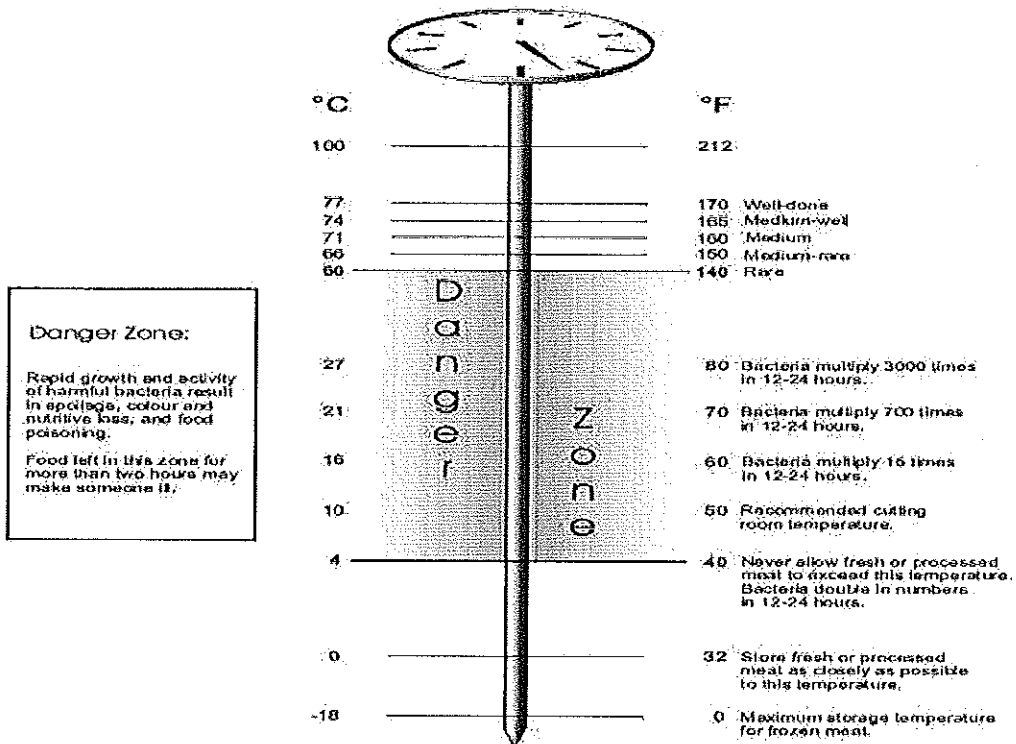
- ✓ A stem-type thermometer must be available to measure food temperatures
- ✓ Foods must be cooked to the following minimum internal temperatures:
  - Eggs: 145 degrees Fahrenheit
  - Ground Beef: 158 degrees Fahrenheit
  - Pork: 150 degrees Fahrenheit
  - Chicken: 165 degrees Fahrenheit
  - Other potentially hazardous products: 140 degrees Fahrenheit
  - Reheated foods: 165 degrees Fahrenheit

**Hot Storage**

- ✓ After preparation, adequate facilities must be provided to keep hot foods at 140 degrees Fahrenheit or higher prior to service

**General:**

- ✓ Garbage must be stored in cleanable, rodent-proof containers that are kept covered
- ✓ Wastewater must be properly disposed of
- ✓ Appropriate precautions must be taken to control insects; if pesticides are necessary they are to be applied by a NYSDEC registered pesticide applicator only. Food service workers must not spray pesticides in or around the food preparation area.



**Application for a Permit to Operate**

MAIL TO:

DUTCHESS COUNTY DEPARTMENT OF HEALTH  
85 CIVIC CENTER PLAZA - SUITE 106  
POUGHKEEPSIE, NEW YORK 12601

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

**SECTION A: Facility Information (Entire section must be completed by all applicants.)**

Facility name \_\_\_\_\_  
 Facility address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_  
 Municipality \_\_\_\_\_ [T] [V] [C] Capacity [\_\_\_\_\_] Facility Status [ ] Profit [ ] Non-profit  
 Facility Type [\_\_\_\_\_] Indicate days operation is open S M T W T F S  
 Expected opening date [ ][ ] [ ][ ] [ ][ ] Expected closing date [ ][ ] [ ][ ] [ ][ ] Hours of operation [ ][ ] [ ][ ] AM PM [ ][ ] [ ][ ] AM PM  
 Month/Day Month/Day Open Close

**Water Supply**      **Sewage System**      **Number of operations under this registration**  
 Public (municipal)     Public (municipal)     Indoor Pools     Bathing Beaches     Food Services     Day Camps  
 Private (onsite)       Private (onsite)       Outdoor Pools     Spa Pools     Recreational Aquatic Spray Grounds  
 Tanning Devices

**SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)**

Legal operator or operating corporation \_\_\_\_\_  
 (If corporation or partnership, Section F must be completed.)  
 Person in charge \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_  
 Permanent address \_\_\_\_\_ Email address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employee Identification Number [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]  
 Or Social Security Number [ ][ ] [ ][ ] [ ][ ] - [ ][ ] [ ][ ] - [ ][ ] [ ][ ] [ ][ ] [ ][ ]  
 Owner \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).**

Name and location of event \_\_\_\_\_  
 Name of Foods      Supplier of ingredients      Where and how foods will be prepared and served

Name of Foods	Supplier of ingredients	Where and how foods will be prepared and served

**SECTION D: Complete for mobile food service establishments or pushcarts only.**

Type of vehicle  Motorized  Pushcart  Other (specify) \_\_\_\_\_

Motor vehicle license number (motorized vehicles only) \_\_\_\_\_

Commissary name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List on a separate sheet of paper the type of food and beverages served.

**SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.**

**SECTION F: Partners and Corporate Officers**

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

**SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)**

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

**A. Workers Compensation and Disability Insurance Coverage Provided**

- Form C-105.2 – Certificate of Worker's Compensation Insurance      **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance      **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      **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

**B. Workers Compensation and Disability Insurance Coverage NOT Provided**

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

**SECTION H: Signature (Entire section must be completed by all applicants.)**

**FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.**

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION I: FOR OFFICE USE ONLY**

Permit issuance recommended?  Yes  No Permit Effective Date [ ][ ][ ] Permit Expiration Date [ ][ ][ ]  
Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



METHOD OF OPERATION APPLICATION  
SUBPART 14-2  
TEMPORARY FOOD SERVICE ESTABLISHMENTS

Location of  
Temporary  
Food Service

Event: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town/City: \_\_\_\_\_

Expected opening date: \_\_\_\_\_ Expected closing date: \_\_\_\_\_

Food to be served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Food to be obtained from: \_\_\_\_\_

1. Type of foods to be prepared and served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe how the foods will be prepared, and what equipment will be used for the preparation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. If food is prepared off site, provide the name, address, and phone number of the approved commercial kitchen that will be utilized. (Note: food preparation is not allowed in personal home kitchens):

\_\_\_\_\_  
\_\_\_\_\_

How will the food be transported to the site? (e.g., coolers w. ice, cambro units, etc.):

\_\_\_\_\_  
\_\_\_\_\_

4. Describe the method of food service (e.g., will foods be cooked to order, held hot or cold during service period, self-serve by customer? ):

\_\_\_\_\_  
\_\_\_\_\_

5. Describe the equipment used to keep foods cold (at or below 45 degrees F):

\_\_\_\_\_

- 
6. Describe the equipment used to keep foods hot (at or above 140 degrees F):  

---

---
  7. How will the foods be dispensed and handled? (Note: utensils or plastic gloves must be used to prevent bare hand contact with food):  

---

---
  8. Describe the construction of your food preparation area: \_\_\_\_\_  

---

---
  9. Describe the hand washing station (at your concession), and location of toilets:  

---

---
  10. What is the source of water supply and ice? \_\_\_\_\_  

---
  11. How will wastewater be disposed of at the site? \_\_\_\_\_  

---
  12. Describe means of refuse/garbage storage and disposal: \_\_\_\_\_  

---
- 

SPECIAL NOTE: All persons handling food are to be free from infectious disease which can be transmitted by foods and are not to have a boil, infected cut or sore, or infectious disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints to minimize hair contact with hands, food and food-contact surfaces. All personnel handling food are to wash their hands with soap and water after using the toilet, smoking, eating or when soiled. The Department of Health reserves the right to limit the type of food to be served.