

**Broome County
Health Department**

**Application for a Permit to Operate
Food Service Establishment**

FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY WILL RESULT IN A DELAY OF YOU RECEIVING A PERMIT TO OPERATE. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

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

**BROOME COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
225 FRONT STREET
BINGHAMTON, NY 13905
(607) 778-2847**

PERMIT FEE: _____

**** PLEASE ENCLOSE A CURRENT MENU ****

Contact the Broome County Health Department at (607) 778-2847 if you have any questions.

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

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____ Telephone No. (____) _____ Fax No. _____

E-mail Address (REQUIRED FIELD) _____

****FAILURE TO PROVIDE AN E-MAIL ADDRESS SHALL RESULT IN FAILURE TO OBTAIN A FOOD PERMIT****

Municipality/Town _____ Seating Capacity _____ Facility Status: Profit / Non-profit

**** FACILITY MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____**

Water Supply	Sewage System	TYPE OF OPERATION UNDER THIS PERMIT
___ Public (municipal)	___ Public (municipal)	___ Restaurant ___ Mobile Unit ___ Temporary
___ Private (onsite)	___ Private (onsite)	___ Seasonal ___ Off-Premise Caterer
		___ Other _____

(Temporary & Mobile Operations) Water Supply Where Water is Drawn _____

Indicate days of operations:

Expected	Expected	Days of	Hours of
Opening date	closing date	the week: S M T W T F S	operation
_____ am/pm	_____ Month/Day	_____ (Please circle)	_____ am/pm
			Open _____ Close _____

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

Legal operator or operating corporation _____

Person in charge _____

Permanent address _____

City _____ State _____ Zip _____ Telephone no. (____) _____

Emergency Contact _____ Phone # _____

E-mail (REQUIRED) _____ Fax # _____

Owner _____

Permanent Address _____

City _____ State _____ Zip _____ Telephone no. (____) _____

TURN OVER

MORE INFORMATION & SIGNATURE ARE REQUIRED ON BACK

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

Name and location of event(s) and date(s) _____

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

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

List on separate sheet types of food and beverages served.

Type of Vehicle: ___ Motorized ___ Pushcart ___ Other (specify) _____

Motor Vehicle License no. (for motorized vehicles) _____

Commissary Name _____

Address _____ City _____ State _____ Zip _____

Telephone no. (____) _____ E-mail _____ Fax # _____

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

Section F: Worker's Compensation and Disability Insurance (All applicants must provide documentation-no exceptions.)

Submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

(A) Worker's Compensation and Disability Insurance Coverage is PROVIDED

Worker's Compensation

Form C-105.2-Certificate of Worker's Compensation Insurance **OR**

Form U-26.3-Certificate of Worker's Compensation Insurance **OR**

Form SI-12 – Certificate of Worker's Compensation Self-Insurance **OR**

GSI-105.2 – Certificate of Participation in Worker's Compensation Group Self-Insurance

AND

Disability Benefits

DB-120.1 – Certificate of Disability Benefits **OR**

Form DB-155-Certificate of Disability Benefits Self-Insurance

(B) Worker's Compensation and Disability Insurance Coverage is NOT PROVIDED

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

Coverage (This form can be downloaded at www.businessexpress.ny.gov or you can contact the New York State Workers' Compensation Board at 1-877-632-4996 with any questions)

Section G: Signature (Entire section must be completed by all applicants.)

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

Failure to completely fill out and sign this form will delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and will result in immediate closure and enforcement actions. If you have any questions, call (607) 778-2847. PLEASE ENCLOSE A CURRENT MENU.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____