ONEIDA COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health Services

2017 Application for a Permit to Operate

Complete **all** items that apply to your establishment (**all must complete Sections A, B, F and G**), sign on the back page and return with the appropriate fee (on-line payment can be made at https://paylocalgov.com/Payment/SelectEntity/223) 30 days prior to opening date to:
Oneida County Health Department – 185 Genesee St., 4th flr., Utica, NY 13501 – Fax: 315-798-6486 – Phone: 315-798-5064

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

Business Name (dba) _____ Facility Type (e.g. Restaurant) _____

Facility Location Name _____ Event name _____

Facility 911 address _____

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

Municipality _____ T V C **Capacity** _____/_____ **Facility Status*** ☐ For Profit ☐ Not For Profit

☐ * *Exemption Request*: If the facility is used for religious, educational or philanthropic purposes, or is operated by a municipality (town, village, city), you may request exemption from payment of the annual fee. Please indicate documentation that will be available upon inspection request:

Incorporation papers _____ Other (specify) _____

Please indicate all facilities present under this registration:

Water Supply	Sewage System
☐ Public (e.g. municipal) Specify:	☐ Public (e.g. municipal) Specify:
☐ Private (onsite)	☐ Private (onsite)

Operations under this registration (Check ALL that apply)			
☐ Food Service (Part 14-1)	☐ Temporary Residence (TR) (Part 7-1)	☐ Swimming Pool (Part 6-1)	☐ Community Water Supply (Part 5-1, 4)
☐ Temporary Food (Part 14-2)	☐ Interior Corridor (TR)	☐ Outdoor ☐ Indoor	☐ Non-Transient, Non-Community Water Supply (Part 5-1)
☐ Mobile Food Service (Part 14-4)	☐ Exterior Corridor (TR)	☐ Spa Pool	☐ Non-Public Water Supply (Part 5-1)
☐ Frozen Dessert (e.g. slushie, shaved ice, soft serve ice cream)	_____ - Number of Stories (TR)	☐ Wave Pool / White Water Slide	☐ Bottled / Bulk Water (Part 5-6)
☐ Children's Camp (Part 7-2)	☐ Cabin or Bungalow Colony (Part 7-3)	☐ Bathing Beach (Part 6-2)	☐ Day Care Center
☐ Develop. Disabled Overnight Camp	☐ Campground or Recreational Vehicle Park (Part 7-3)	☐ Migrant Farmworker Housing (Part 15)	☐ Other (consult with local health department)
☐ Day Camp	☐ Agricultural Fairground (Part 7-5)	☐ Mass Gathering (Part 7-4)	☐ Tanning Beds /Booths
☐ Develop. Disabled Day Camp	☐ Mobile Home Park (Part 17)	☐ State Owned/Operated Facility	# tanning beds/booth _____

Indicate days of operation by checking the appropriate boxes.

Expected opening date _____(Month/Day) Expected closing date _____(Month/Day)

Hours of operation _____ Days of Operation: ☐ Su ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa

☐ Seasonal ☐ Year-Round ☐ Temporary Event (Dates) _____

Section B: Operator/Owner Information (*Entire section must be completed by all applicants*.) Legal operator or operating corporation (If corporation or partnership, Section E must be completed.)

Person in charge _____ Title _____

Permanent address _____ Telephone: (____) _____

City _____ State _____ Zip _____

Employer Identification / TAX ID Number _____ ***DO NOT PROVIDE Social Security Number***

Owner _____

Permanent address _____ Telephone: (____) _____

City _____ State _____ Zip _____

Where would you like the application / permit mailed? _____

Please indicate the exact operator name to be printed on the permit. _____

Emergency Telephone: (____) _____ ***Email Contact Information:*** _____

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

Foods Served	Is this food Potentially Hazardous?	Supplier of Ingredients	Where will foods be prepared / served

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

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

Motor vehicle license no. (for motorized vehicles) _____

Commissary name _____ **Water Supply Name** _____

Commissary 911 address _____

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

Is this Commissary permitted by another Health Department? ☐ Yes ☐ No If so, which one:_____

List on separate sheet types of food and beverages served.

Section E: Partners and Corporate Officers (*Complete if Applicable*).

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

Name	Title	Address	Telephone No.
			( )
			( )
			( )

Section F: Workers' Compensation and Disability Insurance (*Entire section must be completed by all applicants*.)
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**
Workers Compensation
☐ 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 – 105.21 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

OR

B. Workers Compensation and Disability Insurance Coverage is **NOT provided. Go to the NYS Workers Compensation Board website at: http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp**
☐ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

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 sign this form, make applicable payment or submit required supporting documentation may delay issuance of your permit to operate. Operation without a valid permit is a violation of the Oneida County and State Sanitary Codes.

I hereby certify that the statements made on this form are accurate to the best of my knowledge. I also understand that the operation of a permitted facility requires compliance with the Oneida County and New York State Sanitary Codes. If violations are observed or found at the establishment, the operator of this permitted establishment may face formal enforcement action including but not limited to monetary fines, closure or suspension of the permit to operate.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____Date_____

Section H: FOR OFFICE USE ONLY

Reviewed by: Signature _____Date _____