

Instr - Application for a Permit to Operate

INSTRUCTIONS – Instructions are provided for clarity regarding certain items. Self-explanatory items are not clarified.

Section A: Facility Information

Business Name - Include full name of business (e.g. Small Town Bar & Grill)

Facility name - Include name of facility as it is known (e.g. Sangertown Square Mall, or West Rome Shopping Plaza)

Event name - For Temporary Events - Include full name of event as it is known (e.g. East Oneida County Field Days)

Facility 911 address – This is the actual location of the facility, not a PO Box address (e.g. 123 Main Street)

Telephone no. – Should be business phone number

Municipality **T V C** – This would be the name of the Town, Village or City in which the facility is located (may be different than the mailing or facility address. Please circle T for Town, V for Village or C for City.

Capacity – is the seating capacity of the facility, number of rooms, number of homes, and number of people served

In the table provided, indicate all facility operations included under this permit. Facilities connected to municipal water or sewer should indicate the name of the municipality. All systems should have water and sewer provisions checked.

Water Supply	Sewage System
<input type="checkbox"/> Public (e.g. municipal) Specify:	<input type="checkbox"/> Public (e.g. municipal) Specify:
<input type="checkbox"/> Private (onsite)	<input type="checkbox"/> Private (onsite)

All facility operations should be checked in the following table to ensure adequate permitting issuance.

Operations under this registration (Check <u>ALL</u> that apply)			
<input type="checkbox"/> Food Service (Part 14-1)	<input type="checkbox"/> Temporary Residence (TR) (Interior Corridor - Single Story) (Part 7-1)	<input type="checkbox"/> Campground or Recreational Vehicle Park (Part 7-3)	<input type="checkbox"/> Migrant Farmworker Housing (Part 15)

Expected opening date – Used especially for seasonal facilities – if year-round, indicate 1/1

Expected closing date – Used especially for seasonal facilities – if year-round, indicate 12/31

Hours of operation – Indicate actual hours of operation (e.g. 10AM – 1 AM)

Section B: Operator/Owner Information

Person in charge - Include name of Manager, On-site individual or owner of facility, if corporation, include responsible person.

Owner - Include name of Owner of facility, if corporation, state Corporation Name.

Emergency Contact - Email – Please include cell phone numbers, or other means of contact in case of emergency (e.g. Boil Water Order for municipality).

Section D: Mobile food service establishments or pushcarts only.

Commissary name - This is the location in which foods and equipment are stored and cleaned, and could be the food preparation location.

Water Supply Name – The name of the water supply serving the Commissary (e.g. private – on-site or municipal – City Name)

Commissary 911 address – This is the actual location of the facility, not a PO Box address

Is this Commissary permitted by another Health Department? If so, Indicate the name of the Local Health Department which inspects the Commissary.

Section F: Workers' Compensation / Disability:

Form CE-200* stating that coverage is not required - If a CE-200 form has not been completed – you must request a copy and return as soon as possible. See information for Worker's Compensation instructions.

Section G: Signature

You must sign the application form - If the form is not completed fully, the application will be rejected and you will be required to resubmit the application.