

Application for a Permit to Operate

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

Seneca County Health Department
Environmental Health Services
31 Thurber Drive
Waterloo, N.Y. 13165
Phone: 315-539-1945

See Instructions (DOH-3915i) or contact the local health department that issued your permit 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: () - Ext. _____

Municipality: _____ T V C Capacity: _____ Facility Status: Profit Non-Profit

Facility Type: _____

Water Supply

Public (municipal)

Private (onsite)

Sewage System

Public (municipal)

Private (onsite)

Number of operation(s) under this registration

_____ Indoor Pools	_____ Bathing Beaches
_____ Outdoor Pools	_____ Food Service
_____ Spa Pools	_____ Frozen Dessert
_____ Day Camps	

Indicate days of operation by checking the appropriate boxes.

Expected opening date: _____ / _____ Expected closing date: _____ / _____
S M T W T F S Hours of operation: _____ AM _____ PM _____ AM _____ PM
Open Close

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: _____

Permanent address: _____

City: _____ State: _____ Zip: _____ Telephone No: () - Ext. _____

Employer Id. Number: _____ - _____ OR Social Security Number: _____ - _____

Owner: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Telephone No: () - Ext. _____

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

Name and location of event:

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.

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

Motor vehicle license no. (for motorized vehicles):

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Commissary name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone No: () - Ext. _____

List on separate sheet types 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, and treasurer.

Attach DOH-2135 (or additional sheets) as necessary.

Name:	Title:	Address:	Telephone No:
			() - Ext. _____
			() - Ext. _____
			() - Ext. _____
			() - Ext. _____

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

This is to certify, under penalties of perjury, that

(A) the operation described in this application has Workers' Compensation and disability insurance as identified below:

Workers' Compensation carrier: _____ Policy no: _____ Expiration date: _____

Disability benefits carrier: _____ Policy no: _____ Expiration date: _____

OR

(B) a representative of Workers' Compensation Board has endorsed form C- 1 05.21 stating that such coverage is not required.

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: _____