

**Broome County
Health Department**

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

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:

PERMIT FEE: _____

**BROOME COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
225 FRONT STREET
BINGHAMTON, NY 13905
(607) 778-2887**

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

Contact Broome County Health Department 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. (____) _____

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

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

Water Supply

___ Public (municipal)
___ Private (onsite)

Sewage System

___ Public (municipal)
___ Private (onsite)

TYPE OF OPERATION UNDER THIS PERMIT

___ Restaurant ___ Mobile Unit ___ Temporary
___ Seasonal ___ Off-Premise Caterer
___ Other _____

(Temporary & Mobile Operations)

Water Supply Where Water is Drawn _____

Indicate days of operations:

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

Employer Identification Number ____ OR **Social Security Number** ____

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 _____

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) _____

Commissary Name _____

Address _____

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

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: Worker's Compensation and Disability Insurance (All applicants must provide documentation.)

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.web.state.ny.us, or you can contact the New York State Workers' Compensation Board at 866-802-3604 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 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 _____

Section H: FOR OFFICE USE ONLY

Permit issuance recommended? ___ Yes ___ No / Permit Effective Date _____ Permit Exp. Date _____

Conditions of approval:

Signature _____ Title _____ Date _____