

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 back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

Dutchess County Department of
 Behavioral & Community Health
 85 Civic Center Plaza, Suite 106
 Poughkeepsie, New York 12601

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

Facility name _____
 Facility address _____
 City _____ State _____ Zip _____ Telephone no. (____) _____ Fax no. (____) _____
 Municipality _____ [T] [V] [C] Capacity [_____] Facility Status [] Profit [] Non-profit
 Facility Type [_____] Indicate days operation is open S M T W T F S
 Expected opening date [____][____][____][____] Expected closing date [____][____][____][____] Hours of operation [____][____][____][____] AM
 Month/Day Month/Day Open PM [____][____][____][____] AM
 Close PM

Water Supply **Sewage System** **Number of operations under this registration**

Public (municipal) Public (municipal) Indoor Pools Bathing Beaches Food Services Day Camps

Private (onsite) Private (onsite) Outdoor Pools Spa Pools Recreational Aquatic Spray Grounds

Tanning Devices

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 _____ Telephone no. (____) _____ Fax no. (____) _____

Permanent address _____ Email address _____

City _____ State _____ Zip _____ Employee Identification Number [____][____][____][____][____][____][____][____]
 Or Social Security Number [____][____][____]-[____][____][____]-[____][____][____][____]

Owner _____ Telephone (____) _____

Permanent address _____ City _____ State _____ Zip _____

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

Name and location of event _____

Name of Foods	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 number (motorized vehicles only) _____
Commissary name _____ Telephone No. (____) _____
Address _____ City _____ State _____ Zip _____

List on a separate sheet of paper the type 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, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

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

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**
 - FormSI-12 – Certificate of Workers' Compensation Self-Insurance **OR**
 - GSI – 105.2 – 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

- B. Workers Compensation and Disability Insurance Coverage **NOT Provided**
- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

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 _____