

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
FOOD ESTABLISHMENT PERMIT APPLICATION**

For Office Use only New Change	ANNUAL FEE \$ _____	For Office Use Only [] Classification Code [, , ,] Conditions [/ /] Issue Date [] Establishment I.D. Approved by _____
<p>IMPORTANT Complete both sides of the application and submit at least thirty (30) days before anticipated operation. Processing may be delayed if it is incomplete or illegible. Note: A preoperational permit-issuing inspection may be required before operating. Submission and approval of plans by the Food Control Unit is <u>required</u> if the establishment is new or remodeled.</p>		

PLEASE PRINT

USE BLACK INK ONLY

1. Name of Establishment (D\B\A)*: _____

Street _____

City _____ Zip Code: | | | | | Phone No. () -

2. Type of Ownership: Individual Corporation Non-Profit Partnership LLC (Submit proof of type of ownership)

3. New York State Certificate of Authority Number (Sales Tax No.): | | | | | | | | | | | | | | | | | | | | | |

A copy of your Certificate of Authority to Collect Sales Tax must be submitted with this application.

4. Billing Address of Owner/Corporation: (Note: Permit renewal notifications will be sent to this address!)

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

Email address _____

5. Personal Mailing Address of Person Signing Application*:

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

6. Corporation, LLC or Partnership Name and Mailing Address:

Name _____

Street _____ Phone No. () -

City _____ State _____ Zip Code: | | | | |

7. Type of Establishment: (Check the appropriate box)

- Restaurant (With seating)
 Restaurant (Without seating)
 Delicatessen
 Tavern
 Bakery
 Off-premise Caterer
 Depot w/o Food Preparation
 In-Home Caterer
 School
 SED Summer Feeding
 Soup Kitchen
 Senior Nutrition
 Vending Machine
 Commissary
 Party Room
 Staffed Vending
 Frozen Dessert
 Other

8. Water Supply: Well Water Public Water **9. Waste Disposal System:** **Public (Sewers) **Private (Cesspools/leaching fields)

10. Seats Provided: Yes No **Number of Seats** _____

11. Tax Map Number: District _____ Section _____ Block _____ Lot _____

The applicant hereby agrees to operate the food establishment described above in compliance with the requirements of the New York State and Suffolk County Sanitary Codes and hereby authorizes officials of the Suffolk County Department of Health Services to inspect any and all premises and take samples of food therefrom for laboratory testing.

Signature _____

Print Name _____

Title _____ Date _____

*The application must be signed by an officer of the corporation, partner or owner (See Item #5 above). The D/B/A must be completed before a permit may be processed.

(See reverse for Instructions, Fee Schedule and Insurance Information)

FOR OFFICE USE ONLY

SCHEDULE OF FOOD PERMIT FEES		ANNUAL FEE
TYPE OF ESTABLISHMENT		
Tavern (No Food)..		\$ 105
Bakery.		\$ 105
Delicatessen.		\$ 105
Frozen Dessert		\$ 105
Off Premises Caterer.		\$ 105
In Home Caterer (Contract Chef)		\$ 1100
Food Service: 0 to 16 Seats.		\$ 105
17 to 49 Seats.		\$ 410
50 to 100 Seats.		\$ 1100
101 to 200 Seats.		\$ 1110
201 + Seats.		\$1,120
Food Commissary.		\$ 670
School w/ Outside Caterer.		\$ 1100
Party Room, Staffed Vending Location.		\$ 1100
Depot w/o Food Preparation		\$ 105
Non-Profit, Vending Machine Location (Non-profit attach copy of Tax Exempt form)		No Fee

SUBMIT THE COMPLETED APPLICATION AND A CHECK OR MONEY ORDER PAYABLE TO:
THE COMMISSIONER OF HEALTH SERVICES
 (Visa/MasterCard also accepted)

CHANGES OF OWNERSHIP:

Previous Name of Establishment _____
 Previous Establishment Food Permit Number _____

REQUIRED INSURANCE INFORMATION:

Disability Insurance No. _____ Company Name _____
 Workers Comp. Insurance No. _____ Company Name _____

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation and Disability Insurance coverage or an approved waiver (Form CE-200) if coverage is not provided. Contact the New York State Workers Compensation Board for requirements and applicability at 1-866-805-3630 or online at <http://www.wcb.ny.gov/>.

- The following forms **must** be provided:
1. Workers' Compensation – Form C-105.2 **OR** Form U-26.3 **OR** Form SI-12 **OR** Form GSI-105.2
 2. Disability Benefits – Form DB-120.1 **OR** Form DB-155

INSTRUCTIONS

- Item #3.** Failure to submit this information may result in formal enforcement action. The New York State Department of Taxation and Finance can be reached at 1-518-457-5342 or online at <http://www.tax.ny.gov/>.
- Item #4.** Provide a permanent or year-round address to ensure receipt of your renewal application. If the renewal application is undeliverable, it may cause delays in re-opening your seasonal establishment, or continuing your year-round business.

Return the completed application with your check or money order to the address listed below:



Suffolk County Department of Health Services
Food Control Unit, Suite 2A
360 Yaphank Avenue
Yaphank, NY 11980

<http://www.suffolkcountyny.gov/Departments/HealthServices.aspx>

Questions?: Call (631) 852-5999 or 852-5873