

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types:

Agricultural Fairgrounds

Bathing Beaches

Freshwater River
Impoundment/Pond
Lake
Ocean Surf
Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

Day Camp
Day Camp – Developmentally Disabled
Day Camp – Municipal
Day Camp – Traveling
Overnight Camp
Overnight Camp – Developmentally Disabled
Overnight Camp - Municipal

Food Service Establishment

Restaurant
Caterer
School
Institution
State Office for the Aging (SOFA) – Prep Site
State Office for the Aging (SOFA) – Satellite Site
Summer Feeding Program (USDA) – Prep Site
Summer Feeding Program (USDA) – Satellite Site

Mass Gathering

Migrant Farm Worker Housing

Farm Labor Housing

Mobile Home Parks

Mobile Food

Recreational Aquatic Spray Grounds

Indoor
Outdoor

Swimming Pools

Indoor
Outdoor
Indoor/Outdoor
Wave Pool – Indoor
Wave Pool – Outdoor
Wave Pool – Indoor/Outdoor
Aquatic Amusement – Indoor
Aquatic Amusement – Outdoor
Aquatic Amusement – Indoor/Outdoor
Spa

Tanning Facility

Temporary Food

Temporary Residences

Labor Camps other than Migrant
Interior Corridor – Single Story
Interior Corridor – Two Story
Interior Corridor – Three Story
Interior Corridor – Four or more Story
Exterior Corridor – Single Story
Exterior Corridor – Two Story
Exterior Corridor – Three Story
Exterior Corridor – Four or more Story
Cabin or Bungalow Colony

Vending Food Machines

State Agency Licensed Facilities

State Licensed Inspected Facility
State Owned Operated Facility
Day Care Center – Residential
Day Care Center – Non-Residential

Water Supply/Sewage System: Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration: Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date: Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation: Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation: Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge): Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number: Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

Employer Identification/Social Security Number: Enter the **Employer Identification or Social Security Number** of the operator of the facility.

Email Address and Fax No.: Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

Name of Owner: Enter the name of the owner of the facility if different from the operator.

Permanent Address of Owner and Telephone Number: Enter the mailing address and telephone number of the owner if different from the operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

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:

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 PM [____][____][____] AM PM
Month/Day Month/Day Open Close

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**☐ Form SI-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 ONLYPermit issuance recommended? ☐ Yes ☐ No Permit Effective Date [____][____][____] Permit Expiration Date [____][____][____]

Conditions of approval _____

Signature _____ Title _____ Date _____



CATTARAUGUS COUNTY HEALTH DEPARTMENT



IMPORTANT POLICY CHANGE

Mandatory Food Protection Manager Training

Effective November 2017, the Cattaraugus County Board of Health passed an ordinance requiring most Food Service Establishments (FSEs) to have at least one staff member with a management/supervisory role who has successfully completed a "Certified Food Protection Manager Course".

The food protection manager training course must be taken through an ANSI-CFP accredited food safety program (ex. ServSafe Manager or equivalent) and proof of completion must be submitted to the Health Department within 30 days after the issuance of your FSE permit. Both online and in-person classes are acceptable.

This requirement applies to all Food Service Establishments classified as "High-Risk" and "Medium-Risk".

- "High-Risk" FSEs are establishments which serve potentially hazardous/Temperature Controlled for Safety (TCS) foods requiring significant processing (multiple cooking, cooling, and reheating steps), which transport hot/cold ready-to-eat meals off site for service (caterers), or that serve meals to highly-susceptible populations (small children, elderly or the infirmed). Examples of common "high-risk" foods include many soups, roasted/smoked meats, potato/pasta salads and any food items that are prepared ahead of time and reheated prior to service.
- "Medium-Risk" FSEs are establishments which serve potentially hazardous/TCS foods which require limited processing (cook-and-serve) on site to the general population. Examples of common "medium-risk" foods include hamburgers/sausage cooked from raw products, specialty pizzas, BBQ chicken, fish fries, deli sandwiches/subs, and any cooked vegetable-based dishes.

Food Service Establishments classified as "Low-Risk" are exempt from this requirement.

- "Low-Risk" FSEs are establishments which serve primarily non-potentially hazardous/TCS foods (foods that do not need refrigeration), or potentially hazardous/TCS foods requiring little to no processing (pre-cooked or no-cook foods) prior to service. Examples of common "low-risk" foods include hot dogs, pre-cooked hamburgers/sausage, pizza with only cheese and pepperoni toppings, popcorn, candy and most baked goods.

You must complete the "Risk Category Worksheet" and attach a copy of your proposed menu. Please submit both with your permit application so that we can determine the appropriate risk classification for your establishment.

If you will be operating a "high-risk" or "medium-risk" establishment, we strongly recommend you complete the "Certified Food Protection Manager Course" before you apply for your permit.



Cattaraugus County Health Department

Environmental Health Division
Food Protection Program
716-701-3386

Risk Category Worksheet



Facility Name/Corporation: _____

Name: _____ Phone: _____

Address: _____

To help determine the Risk Category of your operation, please answer the following questions:

- _____ 1) Will the operation serve any raw fish (sushi, etc.) or uncooked shellfish or edible crustacea? **If yes**, enter a **3** in the space provided.
- _____ 2) Will the operation prepare any product containing TCS¹ food which will be subject to post-cook processing such as cooling or reheating? **If this applies to 3 or more items**, enter a **3** in the space provided.
- _____ 3) Will the operation primarily serve a vulnerable population such as pre-school children, the elderly or the infirmed? **If yes**, enter a **3** in the space provided.
- _____ 4) Will the operator be a caterer as defined in 10NYCRR 14-1.20(b)?² **If yes**, enter a **3** in the space provided.
- _____ 5) Will the operation process any poultry, beef, pork, lamb, other meat, fish, shellfish/edible crustacea, eggs or products containing any of these items beginning from a **raw** state? **If yes**, enter a **2** in the space provided.
- _____ 6) Will the operation cook vegetables, mushrooms, pasta, other noodles, rice from a raw state? **If yes**, enter a **2** in the space provided.
- _____ 7) Do any proposed menu items require extensive preparation/handling of TCS foods such as, marinating, cutting, slicing, dicing, mixing or blending?³ **If yes**, enter a **2** in the space provided.
- _____ 8) Will the operation serve only non-TCS food products⁴ or commercially pre-cooked TCS food products for immediate service? **If yes**, enter a **1** in the space provided.

_____ Identify the **maximum value** contained in the column on the left of the page. This value corresponds to the food service establishment's Risk Category. Where **3 = High Risk**, **2 = Medium Risk**, **1 = Low Risk**.

Maximum Value

Establishment Representative Name: _____

Establishment Representative Signature: _____ Date: _____

Inspector Signature: _____ Date: _____

1. **TCS – Time/Temperature Controlled for Safety.** TCS Foods include: poultry, beef, pork, lamb, other meat, fish, shellfish/crustacea, eggs, milk, all cooked vegetables, cooked rice & noodles, cut/prepared fresh fruits and vegetables including melons, tomatoes and salad greens; cream pastries, cream/custard pies and tarts, pudding prepared from a mix or from scratch, all gravies, all soups.
2. Excerpt from **10NYCRR14-1.20(b)** – “A caterer is a person who prepares, furnishes, or prepares and furnishes food intended for individual portion service at the premises of the consumer, whether such premises are temporary or permanent.”
3. Simple mixing of commercial pancake mix with water is not considered to be extensive preparation/handling.
4. Including products which are rendered non-TCS after cooking, e.g. pancakes.



Additional Requirements for Food Service Establishments with Onsite Water Supplies and Wastewater Treatment Systems



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

If your food service establishment will be served by an onsite water supply and/or wastewater treatment system, additional requirements must be met beyond Subpart 14-1: Food Service Establishments.

These requirements do NOT apply to establishments served by municipal water supplies and wastewater treatment systems.

Onsite Water Supplies

Development of any new public water supply requires new source water testing as well as an engineering plan review and approval. Permanent disinfection systems are required for all new public water supplies. Additional treatment may also be necessary depending on the results of the source water testing.

When estimated development costs are less than \$5,000, the treatment plans may be prepared by the owner or water treatment supplier. For more extensive treatment systems, costing more than \$5,000, plans must be prepared by a NYS licensed professional engineer.

Please contact our Water Resource Specialist, Timothy Zervas at (716) 701-3388 for more information or to discuss the specifics of your situation.

Onsite Wastewater Treatment Systems

Due to wastewater volume, food service establishments will typically require the services of a NYS licensed professional engineer to develop plans for the construction of the new wastewater treatment system. These plans must be submitted to the health department for review and approval. A SPDES permit may also be required from the NYSDEC depending on the system design flow.

It may be possible to use an existing wastewater treatment system if it meets all state and county design requirements. If you decide to use an existing system, it may need to be partially uncovered and evaluated by your engineer to document its size and condition, and modifications may be required.

Please contact your nearest health department office if you have any questions.

Olean Office: (716) 701-3386

Little Valley Office: (716) 938-2474



CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

SPECIAL NOTICE

New York State Workers' Compensation/Disability Benefits **Insurance Requirements**

Effective December 1, 2008, the New York State Workers' Compensation Board (WCB) has replaced Form WC/DB-100 (previously used to demonstrate exemption from WC/DB insurance requirements) with the new Certificate of Exemption (Form CE-200). Consequently, every permittee MUST EITHER:

A) Provide current insurance policy information (see application section G)

OR

B) File a current Certificate of Exemption (CE-200) form with your Department of Health permit application.

Failure to provide complete and accurate information about Workers' Compensation/Disability Insurance, or proof of exemption, will preclude the Health Department from issuance/renewal of your permit. Current forms must be attached to your application each year or the permit will be denied in accordance with the New York State Workers' Compensation Law (NYSWCL).

An overview that clarifies the requirements and the CE-200 exemption form can be found on the WCB website (www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp). New instructions for obtaining a certificate of exemption through the NY Business Express website are printed on the reverse side of this notice.

If you have questions or need assistance you must call 1-877-632-4996.

The majority of these forms will be processed electronically. Applicants with internet access must complete the questionnaire online and print a copy of the CE-200 exemption to enclose with your permit application. Applicants without internet access should call the help line number above to request a paper form for mailing. However, be advised that mail applicants may wait up to four weeks before receiving their approved CE-200 form. To avoid delays, ALL applicants are strongly encouraged to use the online form. Therefore, if you do not have a computer with internet access, we suggest you visit your local public library to use one.

Certificate of Exemption



**Workers'
Compensation
Board**

Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Login/Register**.
16. On the New York Business Express Home Page:
 - Scroll down to Top Requests and select **Certificate of Attestation, or**
 - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and sign the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.