



**Section D:** Water Supply      Public \_\_\_    Private \_\_\_

Sewage System      Public \_\_\_    Private \_\_\_

Will all food preparation be at the concession? \_\_\_ Yes \_\_\_ No - If not, please describe:

Will any food be prepared in advance? \_\_\_ Yes \_\_\_ No – If yes, please list location, date & time of preparation.

Please list the refrigeration facilities available for maintaining cold foods below 45°F.

Please list the provisions for maintaining hot food above 140°F.

Please provide a description & indicate the location of the required hand wash facilities for food workers.

Approximate number of employees or volunteers that will be helping?

Of these people, how many have previous food handling experience working in a food service establishment or other similar facility?

**Section E: Workers Compensation & 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 Workers Compensation Law.

**A. If Workers Compensation and Disability Insurance Coverage Provided**

Workers Compensation

- \_\_\_\_\_ Form C-105.2 – Certificate of Workers’ Compensation Insurance **OR**
- \_\_\_\_\_ Form U-26.3 – Certificate of Workers’ Compensation Insurance **OR**
- \_\_\_\_\_ Form SI-12 – Certificate of Workers’ Compensation 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. If 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 (Form CE-200 can be obtained from the Workers Compensation website @ [www.wcb.ny.gov](http://www.wcb.ny.gov))

**Section F: Exemption Request**

1. Is this facility used for religious, educational or philanthropic purposes? \_\_ Yes \_\_ No
2. Is this facility operated by a municipality (city, town, village), non-profit adult home, school (K-12), fire department or a charitable organization identified by the US Internal Revenue Service as a 501(c)3? \_\_ Yes \_\_ No
3. If the answer to questions 1 or 2 is “yes” you may request an exemption from payment of the permit fee(s). Please provide documentation of the above 501(c)3 designation.

Incorporation Papers     Other (specify) \_\_\_\_\_

**Section G: Signature & Certification**

**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 \_\_\_\_\_ Date \_\_\_\_\_

Print name of person signing \_\_\_\_\_

**Section H: FOR OFFICE USE ONLY**

Permit Issuance recommended?  Yes  No

Permit Effective Date \_\_\_/\_\_\_/\_\_\_

Permit Expiration Date \_\_\_/\_\_\_/\_\_\_

Conditions of Approval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return completed & signed application, insurance forms & fee (if applicable) to:

Cayuga County Health Department  
8 Dill Street  
Auburn, NY 13021