

# Application for a Mobile Food Permit

Cayuga County Health Department

<http://cayugacounty.us/food>

## Section A: Application Information

8 Dill Street, Auburn, NY 13021

(ALL INFORMATION MUST BE COMPLETELY FILLED IN)

Fee Due – see fee schedule

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Owner Name \_\_\_\_\_ DBA (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

## Section B: Mobile Food Information

Type of Vehicle  Motorized  Pushcart  Other (specify) \_\_\_\_\_

Season Open Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Season Close Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Typical Events or locations and times the mobile vehicle will be set up at: \_\_\_\_\_

**Water Supply**  Public (municipal)  Private (onsite) **Sewage System**  Public (municipal)  Private (onsite)

**All mobile food service are required to have a commissary for washing dishes and storing food**

Home kitchens cannot be used as a commissary

A typical commissary is a permitted Health Department kitchen or NYS Agriculture and Markets Facility

Proof of commissary will be required prior to obtaining a permit

Name of commissary \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

## Section C: 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**

Form C-105.2 – Certificate of **Worker's Compensation** Insurance **OR**

Form U-26.3 – Certificate of **Workers' Compensation** Insurance **AND**

DB-120.1 -Certificate of **Disability** Benefits

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 D: 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 of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Section E: FOR OFFICE USE ONLY

Permit Issuance recommended?  Yes  No Permit Effective Date from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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