

ALBANY COUNTY DEPARTMENT OF HEALTH –
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**APPLICATION FOR A PERMIT
TO OPERATE A FOOD SERVICE ESTABLISHMENT**

(Submit at least 30 days prior to establishments opening date)

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14-1 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY COUNTY SANITARY CODE AND IS A MISDEMEANOR.

Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Type of Business: Corporation: Partnership: Sole Proprietor:

Name & Title of person responsible for operation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Name of Corporation/Permit Holder: _____

Type of Establishment: Restaurant: Tavern: Industrial: Institution: Takeout: Vending: School: Caterer: Commissary:

Other: Describe: _____

Does your establishment have a frozen dessert/frozen beverage machine? No: Yes:

Number of Seats: _____ Number of Employees: _____ Number of Rooms: _____ Number of Floors: _____

Establishment will operate: Year Round: Seasonal: between the months of _____ to _____

Hours of Operation: Weekdays: _____ to _____ Weekends: _____ to _____

Expected Opening Date: _____

You must provide Certificate(s) for proof of Insurance

(See Worker's Compensation Board Insurance Requirements document detailed instructions)

Workers Compensation and Disability Benefit Insurance:

One of the following forms: C-105.2: U-26.3: SI-12: GSI-105.2:

AND

One of the following forms: DB-120.1: DB-155:

-OR-

Form CE-200:

**A PERMIT MAY BE SUSPENDED BY THE COMMISSIONER UPON VIOLATIONS
OR REVOKED FOR SERIOUS OR REPEATED VIOLATIONS.**

If this application is approved, the undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Part 14 of the New York State Sanitary Code and Article IV of the Albany County Sanitary Code.

Signature of Applicant

Printed Name of Applicant

Date

**If you have any questions or need additional information you may contact us at:
DIVISION OF ENVIRONMENTAL HEALTH SERVICES:
PHONE: (518) 447-4620 FAX: (518) 447-4698**

<p>OFFICE USE ONLY</p> <p>DENIED: <input type="checkbox"/></p> <p>APPROVED: <input type="checkbox"/></p> <p>DATE: _____</p> <p>PERMIT#: _____</p> <p>PERMIT EXPIRATION: _____</p> <p><u>PAYMENT RECEIVED</u></p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>AMOUNT: \$ _____</p> <p>CASH: <input type="checkbox"/> CHECK# _____: <input type="checkbox"/></p>
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