



Tioga County Public Health Department

Lisa C. McCafferty, R.S., MPH; Public Health Director



Public Health
Prevent. Promote. Protect.

Dear Operator:

Enclosed is your application for permit to operate. Check all information on this form and provide new and revised information as needed. Remember to sign page two. Return the application to the Tioga County Department of Health with your payment. Please make your application check payable to "Tioga County Treasurer".

You are required to submit proof of Workers' Compensation and Disability Insurance. These forms are obtained through your insurance agent (not a copy of the form posted on your facility wall).

If you are eligible for an exemption from coverage, you must file a Certificate of Attestation of exemption from NYS Workers' Compensation and/or Disability Benefits coverage form CE-200, stating coverage is not required. You must provide a signed copy with your renewal application. This form can be accessed and completed online at www.wcb.ny.gov or in person at one of the Workers' Compensation District Offices. The local service center can be contacted for assistance at 1-866-802-3604.

Workers Compensation and Disability Benefit Insurance or a Certificate of Attestation of Exemption (NYS WCB form CE-200) must be included in order to consider your application complete and to process your permit.

All applications and required documentation is required to be received 30 days prior to expiration of your current permit. If not received by this office prior to your current permit expiration, you will be in violation and an Operating Without a Permit fine of \$100.00 will be assessed.

If your completed permit application is not received after two weeks of expirations, fines may be assessed daily.

Sincerely,

Todd Kopalek

Environmental Health Sanitarian

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 ONLY

Permit issuance recommended? Yes No Permit Effective Date [][][] Permit Expiration Date [][][]

Conditions of approval

Signature _____ Title _____ Date _____