



Tioga County Public Health

Health & Human Services Building | 1062 State Route 38, Owego, NY 13827

Phone: 607-687-8600 | Fax: 607-223-7030 | ph.tiogacountyny.gov

Heather Vroman, MPH, MSEd., Public Health Director



Application for a Permit to Operate: Vending Machine, Agricultural Fairground, Mass Gathering

Complete all items that apply to your establishment, sign and date on the last page and return with all required documentation and appropriate fee **30 days** prior to the expected opening date to:

Tioga County Public Health, 1062 State Route 38, Owego, NY 13827

Accepted forms of payment:

Cash, check made out to *Tioga County Treasurer*, or electronic payment via:

https://payments.municipay.com/ny_tiogacountyph

<u>Vending Machine</u>	<u>Agricultural Fairground</u>	<u>Mass Gathering</u>	
For Site \$175.00		Under 25,000 ppl	\$25,000.00
Per Machine \$ 10.00	\$225.00 + Engineer	25,000-50,000 ppl	\$50,000.00
*Plan Review \$150.00 +	fee if applicable	Over 50,000 ppl	\$100,000.00
Engineer fee if applicable		*Plan Review	\$ 1,000.00 + Engineer fee if applicable

***Plan Review is an additional charge for new facilities/operations; prior to submitting please call (607) 687-8600 Option 1 for details.**

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

Section A: Facility Information

Facility Name: _____

Facility Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Facility Status: For-Profit Non-Profit

Expected Opening Date: _____ Expected Closing Date: _____

Hours of Operation: Open _____ am pm Close _____ am pm

Days Sun Mon Tues Wed Thur Fri Sat

Water Supply (Choose one):

Public (municipal)

Private (onsite); additional fee, see [Fee Schedule](#)

Sewage System (Choose one):

Public (municipal)

Private (onsite)

Operations Under this Registration:

Agricultural Fairground Mass Gathering

Vending Machine(s); Number of Machine(s): _____

Section B: Operator/Owner Information

Legal Operator or Operating Corporation: _____
Contact Person (If not Legal Operator): _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Section C: Required Workers' Compensation and Disability

Check the appropriate boxes 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 **IF PROVIDED:**

Workers' Compensation (Choose ONE):

- Form C-105.2-Certificate of Workers' Compensation Insurance
- Form U-26.3-Certificate of Workers' Compensation Insurance
- Form SI-12-Certificate of Workers' Compensation Self-Insurance
- GSI-105.2-Certificate of Participation in Workers' Compensation Self-Insurance

AND

Disability Insurance (Choose ONE):

- DB-120.1-Certificate of Disability Benefits
- Form DB-155-Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability **IF NOT PROVIDED:**

- Form [CE-200-Certificate of Attestation of Exemption](#)

Section D: Signature **MUST BE COMPLETED**

**False statements made on this application are punishable under Penal Law.
Failure to sign this form may delay issuance of your permit to operate. Operation without valid permit is a violation of the New York State Sanitary Code.**

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective: _____
Permit Expiration: _____
Conditions of approval: _____
Signature _____ Title _____ Date _____