



CHAUTAUQUA COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

PAUL M. WENDEL, JR.  
County Executive

CHRISTINE SCHUYLER  
Director of Health & Human Services  
(Commissioner of Social Services/Public Health Director)

RE: Mobile Food Service Permit

Dear Operator:

Mobile food service operations are regulated by subpart 14-4 of the New York State Sanitary Code. Mobile permits are valid for unlimited operation over a 12 month period. Be advised that the Mobile permit fee is determined by risk classification (low, medium or high). **SEE ENCLOSED LETTER - MFSE's WILL BE SUBJECT TO STRICTER REQUIREMENTS IN ORDER TO COMPLY WITH NYS REGULATIONS!**

Below is a list of important things to remember.

- All mobile permits will have a 12 month annual effective period from April 1<sup>st</sup> through March 31<sup>st</sup>.
- Permits will be classified as Low (\$100), Medium (\$120) or High (\$150) Risk depending on the foods you serve and your preparation methods.
- Your completed application must identify the food items you propose to serve. Your permit will only be valid for the food items approved by this department, and which are specified on your permit.
- Your permit must be prominently displayed whenever your unit is operational (preparing or serving food). The permit is non-transferable to another operator or another mobile unit.
- The intent of the code must be complied with at all times.

**YOU MUST PROVIDE AN EMAIL ADDRESS ON YOUR APPLICATION, IN ORDER TO RECEIVE A COPY OF YOUR INSPECTION REPORT.**

Please send the application to the address below, along with your check or money order made payable to the Chautauqua County Director of Finance. If you wish to pay by credit/debit card, the attached slip must be filled out completely, and you must include a 2.5% transaction fee to the total transaction. These fees are non-refundable. **Incomplete applications will be returned for your completion and may delay your being issued your permit.**

Along with your application, if you have employees you are required to submit proof of workers' compensation and disability insurance. **You must submit the correct forms listed on your application. THESE ARE THE ONLY FORMS THE STATE WILL ALLOW US TO ACCEPT. PLEASE NOTE: WE NEED A C-105.2 AND A DB-120.1. TO OBTAIN THESE FORMS, CONTACT YOUR INSURANCE CARRIER.**

If you do not have employees you must obtain a Certificate of Attestation of Exemption Form CE-200 from the New York State Workers' Compensation Board stating that you do not have any employees and, therefore, do not need insurance. **You must apply online at [businessexpress.ny.gov](http://businessexpress.ny.gov) to obtain the CE-200.** Follow site directions to print a copy of your certificate to provide to us. Be sure to sign and date form.

**PER NYS – IF WE DO NOT RECEIVE THE APPROPRIATE FORMS LISTED ON YOUR APPLICATION, WE ARE UNABLE TO ISSUE YOU A PERMIT FOR YOUR FACILITY.**

Your cooperation in this matter is greatly appreciated. Should you have any questions or comments, please do not hesitate to contact this Department at (716) 753-4693.

Sincerely,

Chautauqua County Department of Health and Human Services  
Environmental Health Unit



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## MOBILE FOOD SERVICE ESTABLISHMENT STIPULATIONS

### GENERAL REQUIREMENTS

In order for a person to operate a MFSE, one must follow each of the requirements described here. Additionally, each MFSE operator must follow all of the rules spelled out in Subparts 14-4, 14-1 and Part 5 for the State Sanitary Code which may or may not be included in this letter.

By definition of State Sanitary Code, a mobile food service establishment is a self-contained food service operation, located in a vehicle or a movable stand, self- or otherwise propelled, used to store, prepare, display or serve food intended for individual portion service. This means a MFSE must be contained within a vehicle or a movable stand and not just covered with a tent.

All mobile food service establishments and pushcarts are to be serviced only at a commissary operated under a valid permit. The primary function of a commissary is to serve as a regulated kitchen in which to prepare and store food and clean and sanitize equipment and utensils. Commissaries may also serve as a source of potable water for filling mobile unit tanks and a location for dumping waste water, although the code does not require filling/dumping tanks at the commissary. Exemptions are possible for the requirement to have a separate commissary if a mobile unit has adequate onboard facilities to safely prepare and store food, and to clean and sanitize equipment and utensils, and the Health Dept. agrees that it meets the intent of the Code without needing a separate commissary.

### FREQUENTLY ASKED QUESTIONS

- How do I qualify for an exemption for the commissary requirement?

When reviewing applications for mobile units, the Health Dept. will verify and document whether the operator will provide the following at a commissary or by way of an alternate provision:

- Adequate facilities in which to prepare, store, manufacture, package, and/or portion food
- An approved source for the mobile unit water supply
- Sinks for hand washing and washing, rinsing, and sanitizing utensils
- An approved location for dumping waste water
- A location for cleaning and servicing the mobile unit at a frequency necessary to maintain sanitary conditions
- Refrigeration in which to store hazardous food when food is not being used on the mobile unit

Before exempting a mobile food operator from any of the commissary requirements, the Health Dept. will need to review a written plan and complete a menu review and identify any alternative provisions that are in place and meet the commissary requirement. Use of a private home kitchen cannot be considered an alternative provision for a commissary. In addition, on-site water supplies must comply with Part 5 regulations, and sewage disposal systems must meet approval of this Department.

- What is required when one is transporting food between the mobile food service establishment and the commissary?

Mobile food establishments may serve foods prepared under conditions that protect it from contamination or adulteration, transported, and stored at a temperature of 45 degrees F or below, or at a temperature of 140 degrees F or above, in facilities that maintain these temperatures, and served without contamination to the consumer. This means all food must be protected during transportation to and from the commissary and MFSE vehicle or movable stand by using equipment that will maintain proper cold and hot temperatures such as an insulated carrier.

- What is considered proper refrigeration facilities for a mobile food service establishment?

Enough conveniently located refrigeration facilities or effectively insulated facilities are to be provided and used to  
OVER.....

maintain temperature control food at required temperatures during storage. This means both the commissary and MFSE vehicle or movable stand must contain enough mechanical refrigeration to maintain all cold food at or below 45 degrees F.

- What is considered proper hot food storage facilities for a mobile food service establishment?

Enough conveniently located hot food storage facilities are to be provided and used to maintain potentially hazardous food at required temperatures during storage. This means that both the commissary and MFSE vehicle or movable stand must contain enough mechanical hot food storage equipment or other approved insulated carrier to maintain temperatures at or above 140 degrees F.

- What does one need to set up to properly wash their dishes in a mobile food service establishment?

The preferred method of cleaning and sanitizing equipment and utensils is to use a three-compartment sink; to wash in the first compartment with hot water and a detergent; rinse in clean water in the second compartment; and sanitize in the third compartment. This means one must construct a MFSE vehicle or movable stand which contains a three-compartment sink to properly wash all equipment and utensils. Drain boards must be attached at both ends of the 3-bay sink.

- What may one do with leftovers for a mobile food service establishment?

If a designated **HIGH RISK MFSE** operator is going to store a hot food as a leftover, then they must put the hot food through a rapid cooling process. The leftover hot food must be placed in uncovered dishes which keep the depth of the leftover hot food at 4 inches or less during the rapid cooling process and subsequent cold storage. Within the first two hours, the temperature of the food must be decreased to 70 degrees F. In the next four hours, the temperature of the food must be decreased to 45 degrees F. If the proper rapid cooling procedure is not followed, or you are a **MEDIUM RISK MFSE** operator then the food must be discarded.

- Can I do catering under my MFSE permit?

**NO.** You will only be allowed to do catering by obtaining a separate Food Service permit (FSE) from this Department and an approved commissary must be used.

Please, keep in mind all of the requirements described in this letter and the Subpart 14-4 for the State Sanitary Code must be accomplished before one may obtain a MFSE permit. If your current MFSE does not meet all of the requirements in this letter, then your permit will not be renewed next year for your MFSE. Call the Chautauqua County Health Department in Mayville at 716/753-4481 with any questions.

**CHAUTAUQUA COUNTY HEALTH DEPARTMENT**

**MOBILE FOOD SERVICE ESTABLISHMENT REQUIREMENTS**

**Based on Part 14-4 of the NYS Sanitary Code**

1. FOOD HANDLING GLOVES AND OR UTENSILS ARE REQUIRED TO HANDLE READY TO EAT FOODS.
2. THERE MUST BE PROPER REFRIGERATION OR HOT HOLDING FOR POTENTIALLY HAZARDOUS FOODS. COLD FOODS MUST BE HELD BELOW 45 DEGREES FAHRENHEIT AND HOT FOODS ABOVE 140 DEGREES FAHRENHEIT. ACCURATE FAST READING PROBE THERMOMETERS WITH A RANGE OF (0-220) ARE REQUIRED TO DETERMINE TEMPERATURES OF POTENTIALLY HAZARDOUS FOODS.
3. A WASH CONTAINER OR RUNNING WATER WITH SOAP AND PAPER TOWELS ARE REQUIRED FOR HAND WASHING.
4. A CONTAINER FOR THE SANITIZING SOLUTION USED FOR WIPING CLOTHS IS REQUIRED. BLEACH @SOPPM (APPROXIMATELY 1 CAP FULL PER GALLON) IS AN ACCEPTABLE SANITIZING AGENT. KEEP SANITIZER SOLUTION WARM AND CLEAN.
5. HAIR RESTRAINTS ARE REQUIRED FOR FOOD HANDLERS.
6. ALL FOOD MUST BE PREPARED ON SITE OR IN AN APPROVED KITCHEN AND TRANSPORTED AT PROPER TEMPERATURES.
7. POST MIX CARBONATORS MUST HAVE A VENTED DOUBLE CHECK VALVE.
8. ALL POTABLE WATER SUPPLIES MUST BE PROTECTED BY AN APPROVED BACKFLOW PREVENTION DEVICE. ADEQUATE AMOUNTS OF POTABLE WATER, FROM AN APPROVED SOURCE, MUST BE AVAILABLE FOR FOOD PREPARATION, CLEANING, HANDWASHING AND SANITIZING OF EQUIPMENT/UTENSILS.
9. LIGHTING LOCATED IN OR NEAR FOOD PREPARATION AREAS MUST BE SHIELDED.
10. FLOORING REQUIRED OVER GRASS, DIRT OR GRAVEL.

## GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

## SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

### Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

**Facility Status:** Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

**Facility Type:** From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

### Facility Types:

#### Agricultural Fairgrounds

##### Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

#### Campground/Recreational Vehicle Park

##### Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

#### Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

#### Mass Gathering

##### Migrant Farm Worker Housing

- Farm Labor Housing

##### Mobile Home Parks

##### Mobile Food

##### Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

##### Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

##### Tanning Facility

##### Temporary Food

#### Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

#### Vending Food Machines

##### State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

**Water Supply/Sewage System:** Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

**Operations under this registration:** Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

**Expected Opening/Closing Date:** Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

**Days of Operation:** Check each box for the day(s) the facility will be open under routine operation.

**Hours of Operation:** Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

#### SECTION B: Operator/Owner Information

**Name of Legal Operator or Operating Corporation (Person in Charge):** Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

**Permanent Address of Operator and Telephone Number:** Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

**Employer Identification/Social Security Number:** Enter the **Employer Identification or Social Security Number** of the operator of the facility.

**Email Address and Fax No.:** Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**Name of Owner:** Enter the name of the owner of the facility if different from the operator.

**Permanent Address of Owner and Telephone Number:** Enter the mailing address and telephone number of the owner if different from the operator.

#### SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

#### SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

#### SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

#### SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

#### SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

#### SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

**SECTION A: Facility Information (Entire section must be completed by all applicants.)**

Facility name \_\_\_\_\_

Facility address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_

Municipality \_\_\_\_\_ [T] [V] [C] Capacity [\_\_\_\_\_] Facility Status [ ] Profit [ ] Non-profit

Facility Type [\_\_\_\_\_] Indicate days operation is open S M T W T F S

Expected opening date [\_\_\_\_][\_\_\_\_][\_\_\_\_] Expected closing date [\_\_\_\_][\_\_\_\_][\_\_\_\_] Hours of operation [\_\_\_\_][\_\_\_\_][\_\_\_\_] AM PM [\_\_\_\_][\_\_\_\_][\_\_\_\_] AM PM  
Month/Day Month/Day Open Close

**Water Supply**

**Sewage System**

**Number of operations under this registration**

[ ] Public (municipal) [ ] Public (municipal) [ ] Indoor Pools [ ] Bathing Beaches [ ] Food Services [ ] Day Camps  
[ ] Private (onsite) [ ] Private (onsite) [ ] Outdoor Pools [ ] Spa Pools [ ] Recreational Aquatic Spray Grounds  
[ ] Tanning Devices

**SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)**

Legal **operator** or operating corporation (If corporation or partnership, Section F must be completed.)

Person in charge \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_

Permanent address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employee Identification Number [\_\_\_\_][\_\_\_\_][\_\_\_\_][\_\_\_\_][\_\_\_\_][\_\_\_\_][\_\_\_\_][\_\_\_\_]

Or Social Security Number [\_\_\_\_][\_\_\_\_][\_\_\_\_]-[\_\_\_\_][\_\_\_\_]-[\_\_\_\_][\_\_\_\_][\_\_\_\_]

Owner \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).**

Name and location of event \_\_\_\_\_

Name of Foods Supplier of ingredients Where and how foods will be prepared and served


**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 \_\_\_\_\_



## **PERMIT FEE SCHEDULE**

See example below

<b><u>Facility Type</u></b>	<b><u>1 Year Permit</u></b>	<b><u>2 Year Permit</u></b>
Temporary Residence	\$150.00	
Temporary Residence w/Food Service	\$250.00	
Campground	\$150.00	
Campground w/Food Service	\$250.00	
Mobile Home Park	\$150.00	
Food Service Establishment:		
Catering		\$450.00
High Risk		\$350.00
Medium Risk		\$250.00
Low Risk		\$150.00
Mobile Food Service Establishment:		
High Risk	\$150.00	
Medium Risk	\$120.00	
Low Risk	\$100.00	
Bathing Beach	\$100.00	
Swimming Pool	\$100.00	
Spa	\$50.00	
Migrant Labor Camps	\$100.00	

***PLEASE NOTE: Fees for additional operations on permits listed above are \$100 each, w/the exception of a Spa - which is an additional \$50.***

Tanning Facilities		\$30.00 permit fee + \$50.00 for first bed, and \$25.00 for each additional bed.
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Temporary Food Service Establishments - Per Event - \$50 if application received at least seven days prior to event, \$100 if application received less than seven days prior to event, or at event.

Vending Machines		\$30 per machine
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### **Example:**

**Temporary Residence w/Food Service, Swimming Pool, and Spa:**

**\$250 for TR w/FSE + \$100 for Swimming Pool, + \$50 for Spa = \$400.00 Total  
(1 Year Permit)**

***Food Service Establishment Re-Inspections \$60.00 per occurrence***  
***Chronic 14-1 Violators Food Handler Safety Course \$350.00***

**CREDIT/DEBIT CARD TRANSACTION SLIP**  
**PLEASE PRINT CLEARLY**

TRANSACTION DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
BUSINESS CITY & STATE: \_\_\_\_\_  
CLIENT NAME : \_\_\_\_\_  
CLIENT ADDRESS: \_\_\_\_\_  
CLIENT PHONE #: \_\_\_\_\_  
MC/VISA/DISCOVER: \_\_\_\_\_  
CARDHOLDER #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
SECURITY CODE: \_\_\_\_\_  
CARDHOLDER NAME: \_\_\_\_\_  
CARDHOLDER SIGNATURE: \_\_\_\_\_  
TOTAL AMOUNT OF SALE—FEE & 2.5% TRANSACTION FEE: \_\_\_\_\_