

If you are starting or continuing a business that requires a Chautauqua County Health Department (CCHD) permit we encourage you to contact CCHD as early as possible. Each type of facility has specific requirements and fees that may not be obvious to a new business owner. Additionally, brand new operations and existing operations that are being transferred to a new owner require a pre-operational inspection before a permit will be issued.

You must submit a complete application package before a permit will be issued. Incomplete applications will be returned for you to complete and will delay your permit being issued.

***A complete application package includes the following:***

**1) Application document that has been completed, signed, and dated.**

Please complete the sections of the application form that apply to the type facility you intend to operate. Please note you must provide an email address on your application to receive a copy of your facility inspection reports.

**2) The associated fee for the specific facility indicated on the application.**

Contact the CCHD to confirm the fee that is required for your facility. Checks and money orders must be 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 2.75% transaction fee with the total transaction. These fees are non-refundable.

**3) Proof of Workers' Compensation and Disability Insurance**

You must submit the appropriate insurance certificates listed on the application. New York State Labor Law requires the County Health Department to collect these certificates before a permit can be issued. (*You may need to contact your insurance carrier for these forms*)

**Option A: If the business has employees**, NYS requires that you submit one Workers' Compensation and one Disability insurance form from the chart below:

<b>Workers' Compensation</b>  Submit ONE from this list:	<b>Disability Insurance</b>  Submit ONE from this list:
<ul style="list-style-type: none"> <li>• Form <b>C-105.2</b> (issued by your insurance carrier)</li> <li>• Form <b>U-26.3</b> (issued by the State Insurance Fund)</li> <li>• Form <b>SI-12</b></li> <li>• Form <b>GSI-105.2</b></li> </ul>	<ul style="list-style-type: none"> <li>• Form <b>DB-120.1</b> (issued by your insurance carrier)</li> <li>• Form <b>DB-155</b></li> </ul>

**Option B: If the business does not have employees,** you must obtain a Certificate of Attestation of Exemption (CE-200). Below are the steps to apply for the CE-200: *(If you need assistance with the CE-200 application, call (518) 485-5000)*

Step #1) Visit <https://www.businessexpress.ny.gov/>. Scroll down the page to the section labeled "Top Request" and select **Certificate of Attestation of Exemption (CE-200)**

Step #2) Once approved, you will receive a confirmation email from New York Business Express. Follow the link in the email to print a copy of your certificate. You must **sign and date the form** before submitting your application.

**Application materials can be emailed to:** [\*\*CCHealth@chqgov.com\*\*](mailto:CCHealth@chqgov.com)

**Application materials can be mailed to:** Chautauqua County Environmental Health  
7 North Erie St.  
Mayville, NY 14757

## Application for a Permit to Operate

### 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.**

## **Chautauqua County Environmental Health Fee Schedule 01-2023**

### **Food Service Establishment (FSE)**

FSE High Risk	\$350 / 2 Year Permit
FSE High Risk with Catering	\$450 / 2 Year Permit
FSE Medium Risk	\$250 / 2 Year Permit
FSE Low Risk	\$150 / 2 Year Permit
FSE Re-Inspection	\$60 per occurrence

### **Mobile Food Service Establishment (MFSE)**

MFSE High Risk	\$150 / 1 Year Permit
MFSE Medium Risk	\$120 / 1 Year Permit
MFSE Low Risk	\$100 / 1 Year Permit

### **Temporary Food Service Establishment (TFSE)**

TFSE Application rec'd. at least 7 days prior to event	\$60
TFSE Application rec'd. less than 7 days prior to event	\$120

<b>Mobile Home Park</b>	\$350 / 2 Year Permit
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<b>Temporary Residence</b>	\$300 / 2 Year Permit
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<b>Campground / Recreational Vehicle Park</b>	\$300 / 2 Year Permit
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<b>Swimming Pool</b>	\$225 / 2 Year Permit
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<b>Bathing Beach</b>	\$125 / 1 Year Permit
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<b>Spa</b>	\$100 / 2 Year Permit
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**Multiple Operations Under Primary Permit:** Additional (secondary) operations under Temporary Residence or Campground permits are \$200 or each additional operation, other than a Spa, which is \$100

<b>Migrant Labor Camps</b>	\$100 / 1 Year Permit
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<b>Vending Machines</b>	\$40 / machine
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<b>Tanning Facilities</b>	\$120 / 2 Year Registration Fee + \$100 per device
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<b>Clean Indoor Air Act Waiver</b>	\$300 / 1 Year Waiver
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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 [\_\_\_\_\_] Month/Day Expected closing date [\_\_\_\_\_] Month/Day Hours of operation [\_\_\_\_\_] Open AM [\_\_\_\_\_] PM [\_\_\_\_\_] Close AM [\_\_\_\_\_] PM

**Water Supply**

[ ] Public (municipal)

**Sewage System**

[ ] Public (municipal)

**Number of operations under this registration**

[ ] 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**  
 FormSI-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 \_\_\_\_\_

## **CREDIT/DEBIT CARD TRANSACTION SLIP**

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 & 2.75% Transaction Fee: \_\_\_\_\_