

Application for a Permit to Operate

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:

Contact the local health department for further details.

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

Facility name _____

Facility address _____

City _____

Municipality _____

Facility type |__|__|_____

Water Supply

Sewage System

Number of operation(s) under this registration

Public (municipal)

Public (municipal)

Indoor Pools

Bathing Beaches

Private (onsite)

Private (onsite)

Outdoor Pools

Food Service

Spa Pools

Frozen Dessert

Day Camps

Indicate days of operation by checking appropriate boxes.

Expected
Opening Date |__|__|__|__|
Month/Day

Expected
Closing Date |__|__|__|__|
Month/Day S M T W T F S

Hours of
Operation |__|__|__|__|AM |__|__|__|__|AM
|__|__|__|__|PM |__|__|__|__|PM
Open Close

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 _____

Permanent address _____

City _____

Employer Identification No. |__|__| |__|__|__|__|__|__| or Social Security No. |__|__|__|__|__|__|

Owner _____

Permanent Address _____

City _____

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

Name and Location of event _____

Name of food 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 no. (for motorized vehicles) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Commissary name _____

Address _____

City _____

List on separate sheet types 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).

This is to certify, under penalties of perjury, that

(A) the operation described in this application has Worker's compensation and disability insurance as identified below:

Workers' Compensation carrier _____ Policy no. _____ Expire Date |_|_|_|_|_|_|_|_|

Disability benefits carrier _____ Policy no. _____ Expire Date |_|_|_|_|_|_|_|_|

OR

(B) a representative of Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

Section H: Signature (Entire section must be completed by all applicants)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE LAW

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____

FOR OFFICIAL USE ONLY

Permit issuance recommended? Yes No Permit Effective Date |_|_|_|_|_|_|_|_| Permit Expire Date |_|_|_|_|_|_|_|_|

Conditions of approval _____

Signature _____ Title _____ Date _____