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 office that issues your permit.

SECTION A: Facility Information

Facility Name
Enter the name of the facility.

Facility Address and Telephone Number
Enter the street address including city, town, village and ZIP code where the facility is located. Fill in the telephone number of the facility.

Municipality
Enter the name of the political subdivision (town, city, village) in which the facility is located, and check box T for town, V for village or C for city to describe the type of municipality.

Capacity
A. Food services: enter actual seating capacity, or enter 00 for take out only.
B. recreational vehicle parks, campsites 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. Migrant labor camps, temporary residences and labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.

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 two digit number and write the name that best describes the main or principal operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult with the health department that issues your permit or see examples in the “operations under this registration section.”

01 Developmentally Disabled Children’s Overnight Camp
07 Children’s Overnight Camp
11 Developmentally Disabled Children’s Day Camp
16 Children’s Day Camp
20 Campground or Recreational Vehicle Park
21 Mass Gathering
31 Migrant Labor Camp
32 Mobile Home Park
40 Labor Camps other than Migrant
41 Temporary Residence Interior Corridor - Single Story
42 Temporary Residence Interior Corridor - Two Story
43 Temporary Residence Interior Corridor - Three Story
44 Temporary Residence Interior Corridor - Four or More Story
45 Temporary Residence Exterior Corridor - Single Story
46 Temporary Residence Exterior Corridor - Two Story
47 Temporary Residence Exterior Corridor - Three or More Story
48 Cabin or Bungalow Colony
61 State Owned/Operated Facility*
62 Day Care Center*
71 Swimming Pool, Indoor
72 Swimming Pool, Outdoor
73 Swimming Pool, Both
81 Bathing Beach
90 Other (consult with local health department)
91 Food Service Subpart 14-1
92 Temporary Food Service Subpart 14-2
93 Mobile Food Service - Subpart 14-4
94 Mobile Food Service - Subpart 14-4
95 Vending Machine Food Service - Subpart 14-5

*These facilities do not require a permit but must comply with all other provisions of the State Sanitary Code.

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 principal 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 73 (swimming pool both) 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. 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, 1994 is 06/01). If the operation is year-round, enter 01/01 of reopening 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 A.M. or P.M. 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 number of the legal operator.

Employer Identification/Social Security Number
Enter the operation entity’s employer identification number or social security number.

Name of Owner
Enter the name of the owner of 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 operator.

Section C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC, Facility Type 92.

Section D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC, Facility Type 94.
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 for the type of food(s) and/or beverages to be served.

Section E: Complete only for food/beverage vending machines regulated under Subpart 14-4 NYSSC, facility Type 94.
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 Corporate Officers
If the 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 the insurance carrier, policy numbers and expiration date of both the workers’ compensation and/or disability insurance provided by the operator or, if exempt, check the box that indicates a representative of New York State Workers’ Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

Section H:
Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name and title in the space provided.

Failure to sign the form may delay issuance of your permit to operate. Operation with out a valid permit is a violation of the State Sanitary Code and is punishable by fines.

Section I:
To be completed by the local health department.

SEE SEPARATE PDF FILE (Application for a Permit to Operate) FOR APPLICATION FORMS
Home Processors

Section 276.3 of the New York State Agriculture and Markets regulations states in part that “Home processed food…shall mean any food processed in a private home or residence using only the ordinary kitchen facilities of that home… but shall exclude potentially hazardous foods….” (Commercial equipment is not considered ordinary kitchen facilities.)

Processors of home processed food who sell or offer for sale such foods may be exempted from the licensing requirements of Article 20-C, provided that the following conditions are met:

1. All finished product containers are clean, sanitary and properly labeled
2. All home processed foods produced under this exemption are neither adulterated nor misbranded
3. Glass containers for jams, jellies, marmalades, and similar products are provided with suitable rigid metal covers

In order to protect public health and minimize the potential of food product adulteration, this exemption is restricted to a limited number of nonhazardous home processed foods including the following.

(PLEASE NOTE: Some exotic or unusual product fermentation of the following products may result in their being categorized as potentially hazardous and, therefore, not amenable to licensing exemption)

1. Bakery products for wholesale sales, i.e., bread, rolls, cookies, brownies, fudge, double-crust fruit pies and cakes require no refrigeration
2. Jams, jellies, marmalades, or similar products
3. Candy (not chocolate)
4. Spices or herbs
5. Snack items such as popcorn, caramel corn, and peanut brittle

NOTE: A review and approval of processing procedures by a recognized processing authority may be required before an exemption to manufacture certain acid products (i.e., herbal vinegar, salad dressing) is granted. Such reviews will be noted on the inspection report.

Home processors whose residences contain separate segregated facilities for food processing, while not qualifying for a home processor exemption, may apply for licensing under Article 20-C. In any event, operators are advised to consult with local zoning officials before commencing any food processing operations.

The exemption relates only to Article 20-C licensing. The exempt firm will be subject to inspection by the Department of Agriculture and Markets. For more detailed information, please contact the nearest regional office.

REGIONAL OFFICES

<table>
<thead>
<tr>
<th>ALBANY</th>
<th>SYRACUSE</th>
<th>ROCHESTER</th>
<th>BUFFALO</th>
<th>NEW YORK CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>(518) 457-5459</td>
<td>(315) 487-0852</td>
<td>(716) 427-0200</td>
<td>(716) 847-3185</td>
<td>(718) 722-2877</td>
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</tbody>
</table>
FOOD SERVICE PERMITS

City of Ithaca Code section 181-9 authorizes food service permits from the Ithaca Fire Department to be required to regulate the use of fuels used for cooking appliances under certain conditions. Liquid petroleum gas (LPG) fueled appliances and appliances utilizing solid fuel are normally regulated by this section. This does not apply to individual use at a residence. It does apply to commercial use in public places and/or where persons may gather in large numbers.

Permit fees are required for these permits. For food service type applications, based upon a $28.00 hourly rate, the minimum fees for temporary permits are:

- for a single site (i.e., concession stand) $14.00
- for multiple sites $14.00 per site

The fees charged could be more if an extended period of time is required to review, process, inspect, or otherwise manage the permit by the Fire Department.

Regulations for these permits are included on the application form. A requirement not noted on the form is that if grills or other appliances are located under a tent, awning, fly or other covering, the material must be flame retardant, with a certification of same available on site.

The permit is a two stage process consisting of an office review and a site inspection. The permit is only valid after successful completion of the site inspection. The permit is revocable for cause.

Any questions regarding the permit requirements should be made to the Fire Chief’s office at 272-1234.
The temporary use of LPG gas for food service use is regulated under the provisions of the City of Ithaca Municipal Code. Requirements are as follows:

- Maximum cylinder size: confined space - 20 lb.; open space - 100 lb.;
- Maximum number of cylinders permitted on site: 1 per appliance;
- Cylinders must be secured against upset;
- A fire extinguisher with no less than a 5 B:C rating must be provided;
- No installations may be left unattended;
- All cooking/heating equipment shall be located so as to prevent ignition of adjacent combustibles;
- All connections and piping shall be made and maintained in a safe manner.
- Cylinders of less than 2.5 lbs in weight are not regulated.
SANITIZING SOLUTIONS

THE FOOD CONTACT SURFACES OF ALL EQUIPMENT AND UTENSILS MUST BE SANITIZED BY ONE OF THE FOLLOWING METHODS:

IMMERSION

EQUIPMENT MUST BE SOAKED FOR AT LEAST ONE MINUTE IN A CLEAN SOLUTION OF AT LEAST 75 DEGREES FARENHEIT CONTAINING EITHER:

50 PARTS PER MILLION (PPM) CHLORINE

OR

*150 - 400 PARTS PER MILLION OF A QUARTERNARY AMMONIUM COMPOUND

OR

12.5 PARTS PER MILLION OF AN IODINE SOLUTION

RINSING - SPRAYING - SWABBING

RINSING, SPRAYING OR SWABBING OF EQUIPMENT REQUIRES TWICE THE STRENGTH OF CHLORINE SOLUTIONS (100 PPM) AND IODINE SOLUTIONS (25 PPM)

CHLORINE SOLUTIONS SHALL NOT EXCEED 200 PPM.
IODINE SOLUTIONS SHALL NOT EXCEED 25 PPM.

A TEST KIT OR OTHER DEVICE THAT MEASURES THE PARTS PER MILLION CONCENTRATION OF THESE SOLUTIONS MUST BE PROVIDED AND USED.

*DEPENDING ON THE BRAND, REFER TO THE PRODUCT LABEL OR THE NYS A&M RETAIL FOOD STORE REGULATIONS
SAFE FOOD HOLDING TEMPERATURES

FOOD REQUIRING REFRIGERATION MUST BE HELD AT AN INTERNAL TEMPERATURE OF:

LESS THAN 45 DEGREES FARENHEIT

FROZEN FOODS MUST BE HELD AT:

LESS THAN ZERO DEGREES FARENHEIT

HOT FOODS MUST BE HELD AT AN INTERNAL TEMPERATURE OF:

140 DEGREES FARENHEIT OR HIGHER

POTENTIALLY HAZARDOUS FOODS MAY BE DISPLAYED AT TEMPERATURES OTHER THAN THOSE NOTED ABOVE IF ALL OF THE FOLLOWING REQUIREMENTS ARE MET:

THE TOTAL PREPARATION AND DISPLAY TIME DOES NOT EXCEED TWO HOURS

AND

AFTER TWO HOURS THE REMAINING PRODUCT MUST BE DISCARDED

AND

A RECORD MUST BE KEPT WHICH IDENTIFIES THE TIME DURING WHICH THESE PRODUCTS HAVE BEEN DISPLAYED. THE AMOUNT OF PRODUCT DISCARDED SHOULD ALSO BE RECORDED.

THE TIME OF DISPLAY MAY BE MARKED ON PRODUCT PACKAGING AS A FORM OF RECORD KEEPING.
THE PROPER USE OF SANITARY GLOVES

IF SANITARY GLOVES ARE WORN WHILE CONDUCTING THE FOLLOWING TASKS THEY MUST BE REMOVED AND DISPOSED OF PRIOR TO HANDLING ANY READY-TO-EAT-FOOD

- HANDLING RAW FOODS
- HANDLING PACKAGED OR CANNED FOODS
- WRITING OR USING A TELEPHONE
- ROUTINE MAINTENANCE SUCH AS CLEANING/SWEEPING/MOPPING
- GARBAGE/TRASH REMOVAL
- SERVICING EQUIPMENT

SANITARY GLOVES MUST BE REMOVED AND DISPOSED OF IF YOU-

- COUGH/SNEEZE
- TOUCH YOUR HAIR OR ANY PART OF YOUR FACE
- USE THE REST ROOM

SANITARY GLOVES ARE NOT REUSABLE AFTER THEY ARE TAKEN OFF

HANDS MUST ALWAYS BE THOROUGHLY WASHED PRIOR TO PUTTING ON SANITARY GLOVES

EVEN WITH THE USE OF SANITARY GLOVES PROPER HAND WASHING MUST ALWAYS BE CONSIDERED THE PRIMARY DEFENSE AGAINST FOOD BORNE DISEASE
The following members should be acknowledged for their efforts in completing this pamphlet:

Peggy Aker
Mary Goncharovs
Neil Swartzbach
Catherine Martinez
Walter Moora
Susie Gutierrez

This pamphlet was compiled in the winter and spring of 1998.

These applications serve as examples. Applications may change from year to year.