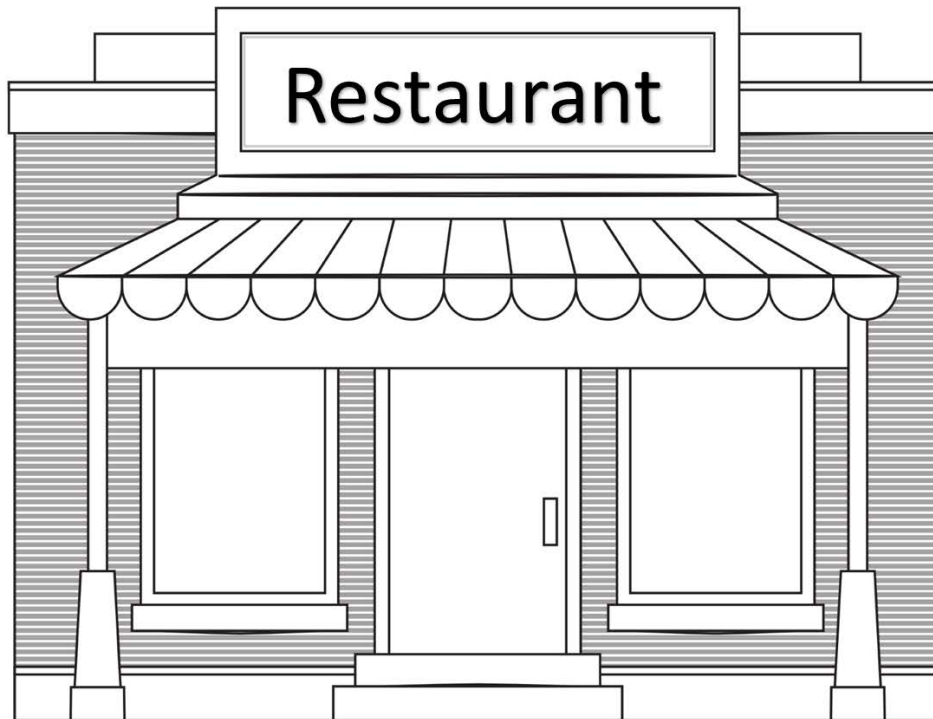


# FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION



Permit review by appointment ONLY. Call for an appointment (518) 565-4870.

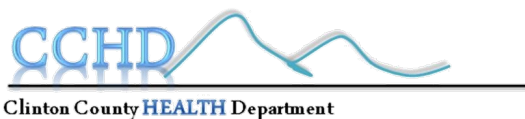
Permit applications are required to be submitted at least 30 days prior to operation date. If submitted less than 30 days, CCHD cannot guarantee permit issuance prior to operation date.

**Note:** Completing this application does not constitute approval to operate.

The link to pay online is:

<https://www.velocitypayment.com/client/clintoncounty/healthdepartment/permitfees/index.html>

(NOTE: 2.5% fee will be added if using a credit card, or .50 cents flat rate if using a check)



Environmental Health and Safety  
135 Margaret Street  
Plattsburgh, NY 12901  
Phone 518-565-4870  
Fax 518-565-4843

[health.clintoncountyny.gov](http://health.clintoncountyny.gov)



**Application for a Permit to Operate**

Clinton County Health Department  
 133 Margaret Street  
 Plattsburgh, NY 12901

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  
 Month/Day Month/Day Open PM Close AM  
 PM

**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

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 \_\_\_\_\_

## DETAILS OF PROPOSED FOOD SERVICE

### SERVICE TYPE

Table service only Yes \_\_\_ No \_\_\_

"Take out" service Yes \_\_\_ No \_\_\_

Food delivery Yes \_\_\_ No \_\_\_

Off-site catering/food handling Yes \_\_\_ No \_\_\_

Car hops Yes \_\_\_ No \_\_\_

Self Service Salad Bar or Buffet Yes \_\_\_ No \_\_\_

Frozen desserts/soft ice cream Yes \_\_\_ No \_\_\_

Vacuum packaging Yes \_\_\_ No \_\_\_

Other (explain) \_\_\_\_\_

### VENTILATION / EXHAUST

Kitchen Exhaust hoods: Yes \_\_\_ No \_\_\_

Hood opening: (square feet) \_\_\_\_\_

Fan capacity: \_\_\_\_\_ (C.F.M.)

Provided with filters: Yes \_\_\_ No \_\_\_

Provided with automatic fire protection: Yes \_\_\_ No \_\_\_

Restroom exhaust fans: Yes \_\_\_ No \_\_\_

Seating capacity \_\_\_\_\_

Maximum Fire Code Occupancy \_\_\_\_\_

### COLD STORAGE

Location	Type	Size

### HOT HOLDING EQUIPMENT

Location	Type	Size

**DISH AND UTENSIL WASHING FACILITIES**

Dishwasher: Heat \_\_\_ or Chemical \_\_\_

NSF approved: YES \_\_\_ NO \_\_\_ Company/Model # \_\_\_\_\_

3- Bay sink wash system location \_\_\_\_\_ Size of smallest bay (L x W x D) \_\_\_\_\_

Dirty dish storage and drain boards location \_\_\_\_\_

Hot Water Heater Storage capacity (Gallons) \_\_\_\_\_

Washer and Dryer \_\_\_ or Linen Service \_\_\_\_\_

**SINKS / HANDWASHING**

	Location	Size (L x W x D)
Food Preparation Sink w/indirect drain		___ x ___
Utility /Mop Sink		___ x ___
Hand Wash Sink		

**SURFACE MATERIALS**

	CEILINGS	FLOORS	WALLS
Serving Area			
Kitchen Area			
Dining Area			
Bar			
Dry Storage Area			
Toilet Area			
Dressing Room			
Ware Washing Area			
Walk-in refrigerators/freezers			
Food prep surface(s)			
Cutting boards			

**PERSONNEL**

How many food handlers, including yourself if applicable, will there be per shift? \_\_\_\_\_  
per day? \_\_\_\_\_

How will food handling and safety responsibilities be divided?  
(i.e., 1 cook, 2 wait staff, 1 dishwasher, etc.) per shift?

**MENU**

Attach a copy of the menu and fill in below:

FOOD CATEGORIES (check all that apply):

- Thick Meats (roasts, poultry, ham, etc.)
- Cook and Serve Food (meat/burgers, fish, eggs, etc.)
- Shellfish
- Soups, Chowders, Stews, Casseroles, and Rice
- Cold Vegetables, Cold Salads and Sandwiches
- Baked Goods
- Frozen desserts/soft ice cream

**Breakfast Menu Items:**

\_\_\_\_\_  
\_\_\_\_\_

Prep. Time: \_\_\_\_\_ am / pm

**Lunch Menu Items:**

\_\_\_\_\_  
\_\_\_\_\_

Prep. Time: \_\_\_\_\_ am / pm

**Dinner Menu Items:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prep. Time: \_\_\_\_\_ am / pm

**THERMOMETERS**

Thermometers:

Number of food probe thermometers: \_\_\_\_\_

Number of ambient (refrigeration) thermometers: \_\_\_\_\_

**SANITATION**

Method of garbage storage and disposal:

- Number of indoor containers \_\_\_\_\_
- Size of indoor containers \_\_\_\_\_
- Location of indoor containers \_\_\_\_\_ (show on drawings)
- Frequency of emptying indoor containers \_\_\_\_\_
- Number of outdoor containers \_\_\_\_\_
- Location of outdoor containers \_\_\_\_\_ (show on drawings)
- Frequency of emptying outdoor containers \_\_\_\_\_
- Waste removal company \_\_\_\_\_

Storage location of workers personal items:

Storage location of chemicals/cleaning products:

Sneeze guards or other protection for self-serve food:

Explain \_\_\_\_\_

Number of Restrooms: Employee \_\_\_\_ Public \_\_\_\_

Grease Trap Type:

Interior \_\_\_\_ Exterior \_\_\_\_ Size(gallons) \_\_\_\_ Location: \_\_\_\_ No Grease Trap \_\_\_\_

Sanitizer

Chemical(s) to be used: \_\_\_\_\_

Container type \_\_\_\_\_

Type of Test Strips \_\_\_\_\_

Lighting (check all that apply)

- At least 30 foot candles on food preparation surfaces
- At least 20 foot candles in utensil and equipment storage areas
- At least 20 foot candles in toilet areas
- At least 20 foot candles in walk in refrigeration and dry food storage
- At least 20 foot candles in dining area when cleaning and other areas
- Shielded where required

Methods of insect and rodent control:

(Check all that apply)

- All windows screened
- Rest room doors self-closing
- Exterior doors self closing
- Exterior doors remain closed unless screened
- Daily cleaning  
(explain) \_\_\_\_\_
- Food storage  
(explain) \_\_\_\_\_
- All trash/garbage containers have covers
- Licensed pest control service
- Other  
\_\_\_\_\_

**BEVERAGES**

Type of beverages served:

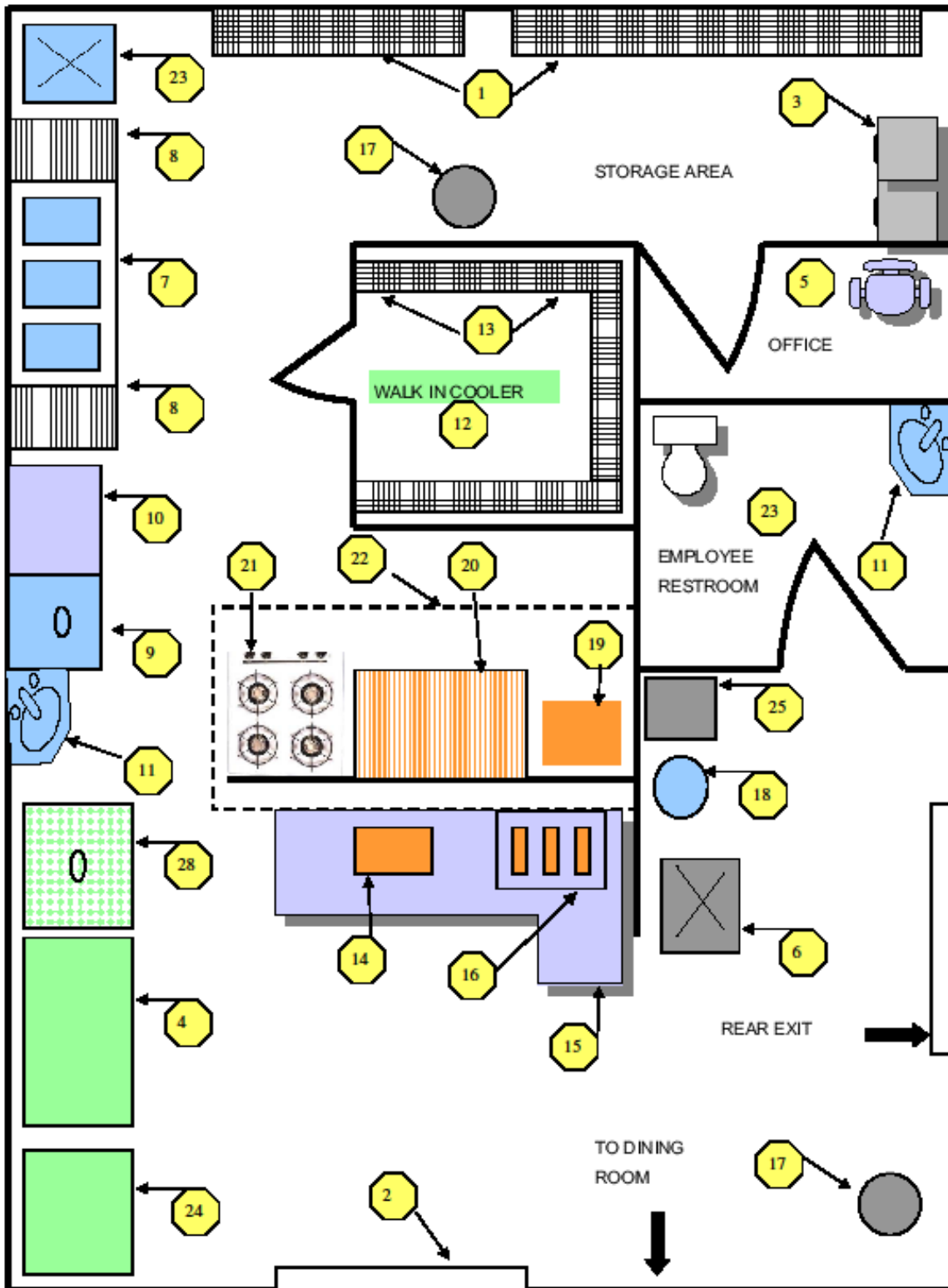
(check all that apply)

- Bottled beverages
- Canned beverages
- Made onsite beverages \_\_\_\_\_
- Post mix soft drinks (has water inlet connection)
- Pre-mixed soft drinks system – (has no water connection)
- Coffee maker with inlet water line
- Coffee maker – pour in
- Other (explain) \_\_\_\_\_

Location of backflow device (post mix system)

State location of beverage storage and/or system (show on floor plan):

# FLOOR PLAN EXAMPLE





## FOOD SERVICE – EXAMPLE- SCHEDULE OF EQUIPMENT

Item #	Description
1	STORAGE SHELVING
2	AIR CURTAIN
3	EMPLOYEE LOCKERS
4	2 DOOR REACH IN FREEZER
5	FLOOR DRAIN
6	MOP SINK
7	3-BAY SINK
8	DRAIN BOARD
9	FOOD PREP SINK
10	STAINLESS STEEL WORK TABLE
11	HAND WASH SINK
12	WALK-IN COOLER
13	SHELVING (COOLER)
14	MICROWAVE
15	COUNTER
16	STEAM TABLE
17	TRASH CAN
18	HOT WATER TANK
19	FRYER
20	GRILL
21	4-BURNER STOVE
22	EXHAUST HOOD
23	DISHWASHER
24	REFRIGERATOR
25	CLEANING PRODUCTS STORAGE

# FOOD SERVICE ESTABLISHMENT NOT ON PUBLIC SEWAGE

- If you intend to use an existing sewage treatment system, you must complete this form below so the CCHD can determine whether or not your proposed sewage treatment system is a new or replacement system.
- If a new system is intended, you must hire a New York State Licensed Engineer to design your sewage treatment system. All new systems must meet all the requirements of the Clinton County Sanitary Code, Article IX, Section 4; and NYSDEC Bulletin, Design Standards for Wastewater Treatment Works. You must do one of the following: A) If your Food Service Establishment produces more than 1,000 gallons of wastewater per day, you need to contact DEC at (518) 897-1200 for a SPDES Permit Application; **or** B) If your Food Service produces less than 1,000 gallons of wastewater per day, you need to continue with the following instructions.
- All sewage treatment system engineering plans for new or replacement systems must be reviewed and approved by CCHD prior to the system being installed. A CCHD representative must witness the deephole and percolation tests.
- Once installed, your design engineer must submit a "Letter of Completed Works" to CCHD certifying that the system was installed in accordance the approved plan prior to you using the sewage treatment system. **CCHD RESERVES THE RIGHT TO DO A FINAL INSPECTION OF THE SEWAGE TREATMENT SYSTEM.**

### NEW SEWAGE TREATMENT SYSTEM

	YES	NO
<i>New construction on previously undeveloped property?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>New Certificate of Occupancy required by Town?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Change in Size or Intended Usage:</i>		
<i>A) Change from residential use to commercial use</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B) Addition of more seating, or increased water usage</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C) Seasonal dwelling converted to year-round use</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has lot been unoccupied for 5 years or more?</i>	<input type="checkbox"/>	<input type="checkbox"/>

### REPLACEMENT SEWAGE TREATMENT SYSTEM

	YES	NO
<i>Prior System:</i>		
<i>A) Was there a previous septic system installed on this lot?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B) Has it been in use for the past 5 years?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C) Was it approved by the Clinton County Health Department?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Occupancy:</i>		
<i>A) Has lot been continuously occupied to present? (Town Codes Officer can verify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>B) Prior Certificate of Occupancy granted by Town Codes Officer?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Year structure was built/ structure placed on lot \_\_\_\_\_

Year prior sewage system was installed \_\_\_\_\_

**OWNER:**

**CCHD REPRESENTATIVE:**

X \_\_\_\_\_ X \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>HEALTH DEPARTMENT USE ONLY</b>		
<b>Based on the above criteria, the IST system is:</b>	<b>NEW</b>	<b>REPLACEMENT</b>
	<b>(CIRCLE ONE)</b>	

# OFF-SITE CATERING PLAN REQUIREMENTS

FOR: \_\_\_\_\_  
 (Name of Facility)

Type of Event(s):
Greatest number of people to be served( _____ )
Will service be: County-wide[ <input type="checkbox"/> ] or limited[ <input type="checkbox"/> ]
Length of service: Less than one hour [ <input type="checkbox"/> ] Over one hour [ <input type="checkbox"/> ] If over one hour, how long ( _____ )
Will dish and tableware be single-use/disposable[ <input type="checkbox"/> ] or washable [ <input type="checkbox"/> ]
If washable, how many place settings:
Number of disposable food service gloves brought to an event:( _____ )
Garbage handling containers and method of disposal:
<b>Will any of the following be done at the catered site:</b>
• Cooking: YES / NO If yes, explain
• Hot-holding: YES / NO If yes, explain
• Cold-holding: YES / NO If yes, explain
• Self-Service or Buffet: YES / NO If yes, explain
• Potentially hazardous foods served: YES / NO If yes, explain
Will any menu item(s) be prepared before the event requiring cooling and then re-heating on the day of service: YES / NO If yes, explain
Minimum number of food handlers needed for transport, service, breakdown and clean-up is ( _____ )
State all critical control point (CCP) monitoring responsibilities by job title. For help identifying CCP's <a href="http://www.clintonhealth.org/forms/haccp.pdf">http://www.clintonhealth.org/forms/haccp.pdf</a>
<b>Site Evaluation &amp; Preparation</b> - <u>Attach</u> a typed explanation of how you will ensure the catered site will have necessary facilities for achieving critical control points and food handlers' hygiene; such as potable water, wastewater disposal, electric power, work area, restrooms and hand washing, etc. (Label this attachment " <i>Name of Your Facility</i> – Offsite Catering Plan ATTACHMENT #1")
<b>Transportation-</b> <u>Attach</u> a typed explanation of vehicle(s) type and cargo space. Provide enough details to indicate that conditions are sufficient for cleaning, excluding vermin, and able to achieve CCP's. Photographs are not required however they are encouraged (Label this attachment " <i>Name of Your Facility</i> – Offsite Catering Plan ATTACHMENT #2")
<b>Hand Wash Station (HWS)-</b> <u>Attach</u> a diagram or picture of your self-contained HWS to be used on-site <u>or</u> explain under "Site Evaluation & Preparation" the requirement of an already plumbed HWS to be provided by client and verified in a pre-event evaluation. (Label this attachment " <i>Name of Your Facility</i> – Offsite Catering Plan ATTACHMENT #3")
<b>List of Equipment</b> – <u>Attach</u> a typed list of all equipment transported to the catered site to be used for achieving CCP's. Categorize by cookware, utensils, food containers, ice containers, cooking, refrigeration and any other items needed on site. Photographs are not required however they are encouraged (Label this attachment " <i>Name of Your Facility</i> – Offsite Catering Plan ATTACHMENT #4")

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## Required Workers' Compensation and Disability Insurance Forms Instructions

To learn what required Workers' Compensation and Disability Insurance Forms that you need to submit with your permit application, please, go to the following web address:

<http://www.wcb.ny.gov/content/main/Employers/Employers.jsp>

Now look up the required form on the website, and follow the instructions.

### Workers' Compensation Forms

Form Number	Form Title	Who Files	Where to File	When to File
C-105.2	Certificate of NYS Workers' Compensation Insurance Coverage (All private NYS licensed workers' compensation carriers are required to issue the C-105.2. Please note that the State Insurance Fund issues a different form, the U-26.3 form, as its version of the C-105.2)	Employers insured for workers' compensation through a private insurance carrier	Filed with the government agency issuing a permit, license or contract. The C-105.2 must be completed by the insurance carrier or its licensed insurance agent.	Upon obtaining a permit, license or contract from a government agency. Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board's <a href="#">Bureau of Compliance</a> to obtain this form.
U-26.3	NY State Insurance Fund Certificate of Workers' Compensation Coverage (This is the State Insurance Fund's equivalent of Workers' Compensation Board Form C-105.2)	Employers insured for workers' compensation through the State Insurance Fund	Filed with the government agency issuing a permit, license or contract.	Upon obtaining a permit, license or contract from a government agency. <u>Employers must obtain this form from the State Insurance Fund.</u>
SI-12	Affidavit Certifying That Compensation Has Been Secured	Employers with Board-approved self-insurance for workers' compensation	Filed with the government agency issuing a permit, license or contract. The SI-12 must be completed by the Board's Self-Insurance Office and approved by the Board's Secretary.	Upon obtaining a permit, license or contract from a government agency. <u>Board-approved self-insurers must obtain this form from Board's Self-Insurance Office.</u> (518) 402-0247
I-105.2	Certificate of Participation in Workers' Compensation Group Board-approved self-insurance	Employers participating in group self-insurance for workers' compensation	Filed with the government agency issuing a permit, license or contract. The GSI-105.2 must be completed by the group self-insurance administrator.	Upon obtaining a permit, license or contract from a government agency. <u>Employers must obtain this form from their group self-insurance administrator.</u> For further information contact the Board's Self-Insurance Office at (518) 402-0247.

## Disability Insurance Forms

Form Number	Form Title	Who Files	Where to File	When to File
DB-120.1	Certificate Of Insurance Coverage Under The NYS Disability Benefits Law	Employers insured for NYS statutory disability benefits insurance through an insurance carrier.	Filed with the government agency issuing a permit, license or contract. The DB-120.1 must be completed by either the NYS statutory disability benefits insurance carrier, or a licensed NYS insurance agent of that carrier.	Upon obtaining a permit, license or contract from a government agency. <u>Employers must obtain this form from either their NYS statutory disability benefits insurance carrier or a licensed NYS insurance agent of that carrier.</u> Carriers and their licensed agents may contact the Board's <a href="#">Bureau of Compliance</a> to obtain this form.
DB-155	Compliance With Disability Benefits Law	Employers with Board-approved self-insurance for disability benefits	Filed with the government agency issuing a permit, license or contract. The DB-155 must be completed by the Board's Self-Insurance Office.	Upon obtaining a permit, license or contract from a government agency. <u>Board-approved self-insured employers must obtain this form from Board's Self-Insurance Office.</u> (518-402-0247)

## WC/DB Exemptions

Form Number	Form Title	Who Files	Where to File
CE-200 Used as a paper application for Form CE-200 which replaces Forms WC/DB-100 and C-105.21.	Paper application for the CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	A paper application to obtain the CE-200. The CE-200 is used by the applicant to certify they are not required to carry workers' compensation and/or disability benefits when obtaining a license, permit, or contract from State, county or municipal agencies in New York State. <u>Applicants using this paper application process may wait up to four weeks before receiving a CE-200.</u> This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application. Accordingly, to avoid delays, all applicants for exemptions are strongly encouraged to use the on-line Form CE-200.	Mail the completed CE-200 APPLY application to: NYS WCB Bureau of Compliance Form CE-200 100 Broadway Albany, NY 12241-0005 or Fax: 800-486-7175 Once the applicant receives the CE-200, the applicant can then verify the information on the CE-200, sign it and then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. Please also print the related instructions for filling out Form CE-200 <b>Help Line: Business Express: 518-485-5000 option #4</b> <b>Worker's Compensation phone: 877-632-4996</b>
<b>CE-200 online</b>  (Replaces WC/DB-100 and Form C-105.21)	Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.	Please file with the government agency that is issuing the permit, license or contract. (Examples: The New York City Department of Buildings or the New York State Department of Health) These exemption forms can <u>ONLY</u> be used to attest to a government entity that an applicant requesting a permit, license or contract from that <u>government</u> entity is not required to carry <u>NYS</u> workers' compensation and/or disability benefits insurance. Apply on <b>line: <a href="http://www.businessexpress.ny.gov">www.businessexpress.ny.gov</a></b>

# Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

## Follow these steps:

1. Go to [businessexpress.ny.gov](https://businessexpress.ny.gov).
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
  - First and Last Name
  - Email
  - Confirm Email
  - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
  - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
  - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
  - Do one of the following:
    - If the account(s) shown is a NY.gov Individual account, select **Continue**.
    - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
  - Select **Continue**.
10. An activation email will be sent.
  - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
  - Specify three security questions.
  - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
  - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

## You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access [businessexpress.ny.gov](https://businessexpress.ny.gov), and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.