

MOBILE FOOD SERVICE ESTABLISHMENT & FOODCART PERMIT APPLICATION



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

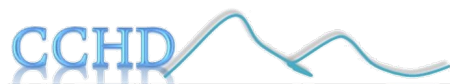
Permit applications are required to be submitted at least 30 days prior to operation date. If submitted less than 30 days, CCHD cannot guarantee permit issuance prior to operation date.

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)



Clinton County HEALTH Department

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

health.clintoncountyny.gov



Public Health
Prevent. Promote. Protect.

Rev. 1 2024

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 _____

MOBILE FOOD SERVICE ESTABLISHMENT DETAILS

Will you perform catering? YES_____ NO_____ (If yes, you must complete Off -Site Catering Plan Requirements)

Type of Event & Locations_____

Explain all sources of fuel & power usage_____

POTABLE WATER SUPPLY TANK: Volume_____ gallons. Minimum is 40 gallons; if less, give

explanation:_____

WASTEWATER TANK: Volume_____ gallons. Must be a minimum of 15% greater than potable water tank.

Location & method of wastewater disposal:_____

HOT WATER HEATER: Volume_____ gallons. Explain methods of sanitizing food contact surfaces_____

Location of workers' personal items:_____

State all other equipment and/or vehicles used:_____

How many food handlers are needed when the unit is at full production? _____

How many food handlers can your unit hold? _____

How will food handling and safety responsibilities be divided? i.e. 2 prep cooks, 1 grill cook, 1 fryer cook, 1 order person and 1 cashier:_____

✓ Declare **ALL FOODS** to be served (including beverages). If not declared in this review, it cannot be served.

Clinton County Health Department will limit menu volume to your unit's capacity.

Be prepared to show you have the equipment and the area to produce your intended menu.

Food Items by Category	Source		Storage		Handling How? What?			Critical Control Points Criteria
	Name	Condition	Location	Volume	Cooking	Hot Holding	Preparation	

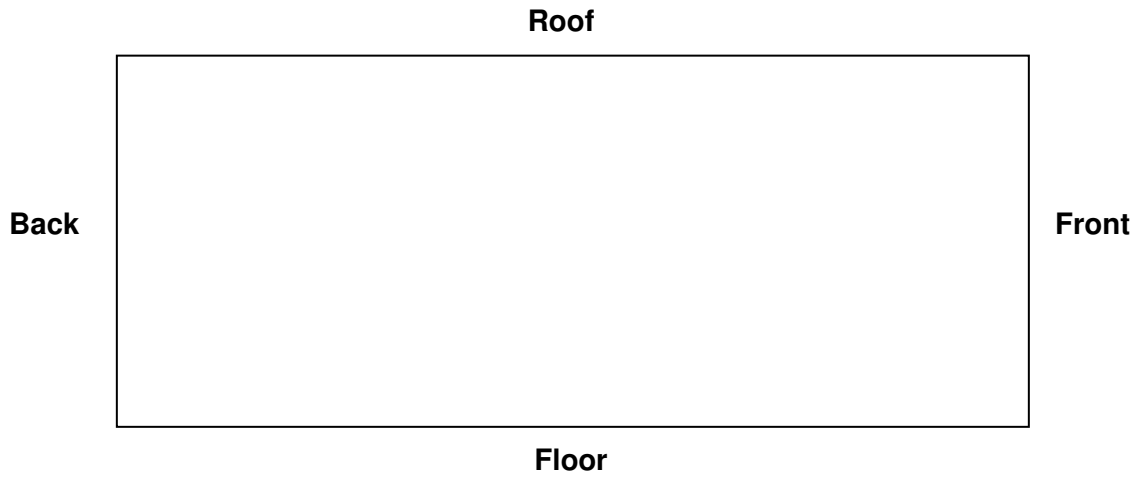
7. Where is dormant storage of unit?_____

Method of rodent control during dormant storage of unit:_____

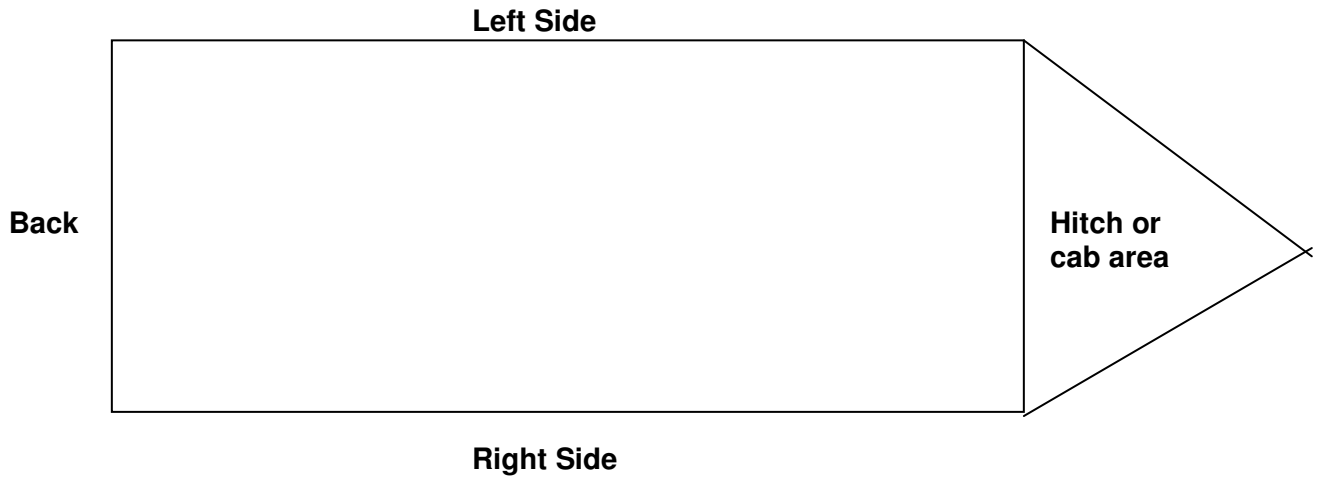
MOBILE FOOD SERVICE ESTABLISHMENT LAYOUT

FOR: _____
(Mobile FSE Name as Stated on Permit Application)

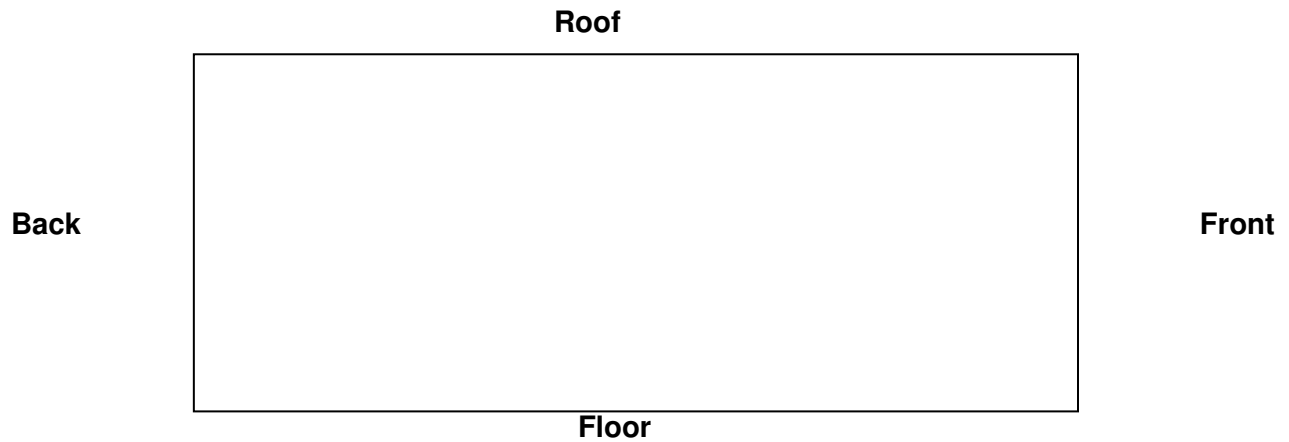
Left Side from inside: To show over-under orientation of equipment & storage



Top View Through Roof: To show areas and equipment orientation



Right Side from Outside Through Wall: To show over-under orientation of equipment & storage



MOBILE FOOD SERVICE ESTABLISHMENT PLUMBING AND DISINFECTION PROCEDURES

FOR: _____
(Mobile FSE Name as Stated on Permit Application)

Provide a diagram below showing **ALL** plumbing include: hoses; pipes; inlet connections; check valves; shut-off valves; filters; pumps; tanks (hot, cold & waste); drains; and wastewater connections.

Explanation of water system disinfection procedures: _____

Frequency _____

CCHD Review Comments: _____

USE OF Commissary/Shared Kitchen Agreement

All Food Establishments must operate out of an approved/permitted facility. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors. The commissary must have facilities for supplying storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used.

(All of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- | | |
|--|--------------------------------|
| 3-Compartment Sink | Hand Washing Sink |
| Food Prep Sink | Commercial Refrigeration Space |
| Dry Storage Space (Linear square feet) | Freezer Space |
| Restroom Access | Ice Machine |
| Key Accessibility to Commissary (if Necessary) | Cooking Equipment |
| Preparation Table/Equipment | Mop Sink |
| Off Street Parking for Trucks/Trailers | Other: _____ |

Commissary Information: Name of the Business: _____
 Address: _____ City: _____ Zip: _____
 Contact Person _____ Title: _____
 Email: _____ Phone: _____
 Business Hours of Operation: _____
 Do other vendors use this commissary? Yes (if so, how many____) or No

Mobile Unit/Caterer/Vending Information: Name of Business: _____
 Owner/Operator: _____ Title: _____
 Email: _____ Phone: _____
 Address: _____ City: _____
 Days/Time at Commissary: _____

 (Commissary Owner/Agent – Print Name & Title)

 (Mobile Unit/Caterer/Vendor – Print Name & Title)

 (Commissary Owner/Agent – Signature & Date)

 (Mobile Unit/Caterer/Vendor – Signature & Date)

This agreement between the owner of the commissary and the operator of the mobile unit, caterer or vendor signifies that both parties agree to the allowed use of the commissary as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile unit caterer/vendor, or should there be any modification or cancellation of this agreement between parties, then the Clinton County Mobile/Caterer/Vendor Food Service Establishment Permit may be suspended. As part of the commissary agreement the CCHD may conduct an inspection during food preparation at the commissary or at the location of the event.

For Office Use Only:

Health Department approval for use of commissary by the mobile food unit owner/vendor identified above:

 (Date)

 (Print Name)

 (Signature)



Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

“Working Together for a Healthier Community”

www.clintonhealth.org



Public Health
Prevent. Promote. Protect.

Environmental Health & Safety Division

Phone: (518) 565-4870

Fax: (518) 565-4843

FACILITY OPERATING EVENTS

Name of Business: _____

Please list below all proposed operating events. If the event or menu changes, you must inform our office at (518) 565-4870.

1. Event: _____

Event Date: _____ Event Hours: _____

Food Preparation Date: _____

Greatest number of people to be served: _____

How many food workers/handlers at the event: _____

Proposed Food Items: _____

2. Event: _____

Event Date: _____ Event Hours: _____

Food Preparation Date: _____

Greatest number of people to be served: _____

How many food workers/handlers at the event: _____

Proposed Food Items: _____

3. Event: _____

Event Date: _____ Event Hours: _____

Food Preparation Date: _____

Greatest number of people to be served: _____

How many food workers/handlers at the event: _____

Proposed Food Items: _____

4. Event: _____

Event Date: _____ Event Hours: _____

Food Preparation Date: _____

Greatest number of people to be served: _____

How many food workers/handlers at the event: _____

Proposed Food Items: _____

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 Bureau of Compliance 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 Bureau of Compliance 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 Help Line: Business Express: 518-485-5000 option #4 Worker's Compensation phone: 877-632-4996
CE-200 online (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 line: www.businessexpress.ny.gov

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.
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, 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.