



Tioga County Public Health

Health & Human Services Building | 1062 State Route 38, Owego, NY 13827

Phone: 607-687-8600 | Fax: 607-223-7030 | ph.tiogacountyny.gov

Heather Vroman, MPH, MEd., Public Health Director



Dear Operator,

Enclosed is your application for a permit to operate. Check all information on this form and provide new or revised information as needed. Remember to sign page three. Return the application to Tioga County Public Health with your payment.

Payments can be made electronically either online through our website https://payments.municipipay.com/ny_tiogacountyph or in person. Please be aware, electronic payments will have a service fee of 2.65% with a minimum of \$3.00 per transaction. There is a second electronic payment option (E-check) that is only a flat fee of \$1.50 per transaction. We also accept paper check or cash. Please make your check payable to **Tioga County Treasurer**.

Food establishment annual permits will be priced as High-, Medium-, and Low-Risk. Definitions are determined by New York State Department of Health, and are as follows:

High-Risk Establishment: Establishments which serve potentially hazardous foods that require a great deal of processing on the premises, including manual handling, cooling, re-heating, holding for service-hot or cold, transportation of hot or cold ready-to-eat meals and preparation of foods several hours or days before service. Those which prepare roasted meats, sauces, gravies, casseroles, potentially hazardous baked goods and foods which may contain meat, fish, poultry, dairy products, eggs or shellfish.

Medium-Risk Establishment: These establishments often serve potentially hazardous foods; however, there is a rapid turnover between preparation and service. This group also includes low-risk foods that may or may not be potentially hazardous, but require extensive handling, such as baked goods and pizzas. Examples of establishments in this group include fast food restaurants, submarine shops, pizza parlors, some retail bakeries, some mobile food establishments and short -order breakfast and lunch establishments.

Low-Risk Establishment: Most of these establishments serve no potentially hazardous foods with the possible exception of prepackaged sandwiches and specialty items, such as pickled meats or eggs, cream-filled donuts and other snack foods. Examples include bars, taverns, retail doughnut shops, some temporary food operations and coffee shops.

If you should have any questions as to what risk assessment your facility should be assigned, please call (607)687-8565.

You are required to submit proof of Workers' Compensation and Disability Insurance. These forms are obtained through your insurance agent. Acceptable forms are noted on page three of the permit application.

If you are eligible for an exemption from coverage, you must file a Certificate of Attestation of exemption form CE-200 from NYS Workers' Compensation and/or Disability Benefits coverage form. You must provide a signed copy with your renewal application. This form can be accessed and completed online, at www.wcb.ny.gov. The local service center can be contacted for assistance at 1-866-802-3604.

Be sure to list the name, email and telephone number of a contact person on your application where required. This agency may need to reach someone should questions regarding your permit application arise. If we are unable to reach you, we may be unable to process your permit and consequently unable to issue the permit.

All applications and required documentation shall be submitted to this office 30 days prior to expiration of your current permit. If not received by this office prior to your current permit expiration, you will be in violation and operating without a permit. A fine of \$100.00 will be assessed and you will be closed for business.

Sincerely,

Daniel K. Scherrer

Daniel K. Scherrer
Director of Environmental Health



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Application for a Food Permit to Operate

Complete all items that apply to your establishment, sign and date on the last page and return with all required documentation and appropriate fee **30 days** prior to the expected opening date to:
Tioga County Public Health, 1062 State Route 38, Owego, NY 13827

Accepted forms of payment:

Cash, check made out to *Tioga County Treasurer*, or electronic payment via:

https://payments.municipipay.com/ny_tiogacountyph

Annual Permit

Low Risk	\$135.00
Medium Risk	\$200.00
High Risk	\$215.00
Offsite Catering & Commissaries ONLY	\$200.00

OR

Addition of Offsite Catering on to existing permit	\$ 50.00
Frozen Dessert Machine	\$ 25.00/Machine

***Plan Review is an additional charge of \$150.00 + an Engineer fee if applicable for new facilities; prior to submitting please call (607) 687-8600 Option 1 for details.**

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

Section A: Facility Information

Facility Name: _____

Facility Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Facility Status: For-Profit Non-Profit

Type of Operation: Annual Food Service Annual Mobile Food Unit
 Frozen Dessert Machine

Expected Opening Date: _____ Expected Closing Date: _____

Hours of Operation: Open _____ am pm Close _____ am pm

Days Sun Mon Tues Wed Thur Fri Sat

Water Supply (Choose one):

- Public (municipal)
- Private (onsite)); additional fee, see [Fee Schedule](#)

Sewage System (Choose one):

- Public (municipal)
- Private (onsite)

Section B: Operator/Owner Information

Legal Operator or Operating Corporation: _____
 Contact Person (If not Legal Operator): _____
 Mailing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Telephone: _____ Email: _____

Section C: Detailed Food to be Served

Attach additional sheets as necessary.

Name of Food	Supplier of Ingredients/Products	Where & how 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 (motor vehicles ONLY): _____

Commissary Name: _____ Telephone: _____

Address: _____ City/Town: _____ State: ____ Zip: _____

Section F: Required Workers' Compensation and Disability

Check the appropriate boxes 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 **IF PROVIDED:**

Workers' Compensation (Choose ONE):

- Form C-105.2-Certificate of Workers' Compensation Insurance
- Form U-26.3-Certificate of Workers' Compensation Insurance
- Form SI-12-Certificate of Workers' Compensation Self-Insurance
- GSI-105.2-Certificate of Participation in Workers' Compensation Self-Insurance

AND

Disability Insurance (Choose ONE):

- DB-120.1-Certificate of Disability Benefits
- Form DB-155-Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability **IF NOT PROVIDED:**

- Form [CE-200-Certificate of Attestation of Exemption](#)

Section G: Signature **MUST BE COMPLETED**

False statements made on this application are punishable under Penal Law.

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

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective: _____

Permit Expiration: _____

Conditions of approval: _____

Signature _____ Title _____ Date _____