



GENESEE COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

3837 West Main St. Rd., Batavia, NY 14020-9406
Phone (585) 344-2580 ext. 5555
Fax (585) 344-4713

www.co.genesee.ny.us/departments/health

Paul A. Pettit, MSL
Public Health Director

Brenden A. Bedard, MPH
Deputy Public Health Director

Recommended Checklist for New or Remodeled Establishments

1. Plan Approval
 - submit application and fees for plan review
 - submit drawings of plan prior to construction
2. Permit / Inspection
 - submit application and fee for permit
 - inspection needed prior to opening
3. Submit Evidence of food safety knowledge and/or food safety training
4. Sinks
 - three bay stainless steel sink with drain boards
 - stainless steel vegetable prep sink with indirect/open drain
 - separate hand sink with liquid soap and paper towels
 - mop sink with back flow prevention valve at water source
5. Refrigeration
 - commercial refrigeration only, no home type coolers
 - shelves must be rust free, no painted shelves, replating may be required
 - thermometers in each unit
6. Shelving
 - no bare wood allowed
 - all shelves & equipment must be 6" off floor or sealed to floor
 - separate toxic chemical storage area
7. Lighting
 - bright enough (30 foot candles) in washing, preparation, storage, cooler areas
 - properly shielded
8. Walls and floors
 - walls must be washable, use enamel or epoxy paint, stainless steel, synthetics
 - floors must be smooth, concrete surface sealed, tile, linoleum, quarry tile recommended
9. Bathrooms
 - soap and paper towels at hand sink
 - doors must be self-closing
10. Exhaust hood with filters
11. Salad bar requires sneeze guard
12. Ice Cream cabinet with dipper well
13. Garbage dumpster must be adequate, leak proof, non-absorbent, vermin proof and covered
14. Doors to outside must be screened and kept closed
15. Plumbing and water supply
 - indirect/open drains on prep sinks, bar ice sinks, ice machines and coolers
 - private water (wells) must be approved by the Health Department, conform to Subpart 5
 - onsite sewage disposal (septic systems) must be approved by the Health Department
 - exterior grease traps are required on new installations
16. Miscellaneous
 - bleach of approved sanitizer
 - stem thermometer (0-220 F)
17. CHECK WITH LOCAL TOWN OR CITY CODE ENFORCEMENT AND FIRE DEPARTMENT

Revised 01/12/2017



GENESEE/ORLEANS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEE SCHEDULE

You or your representative have recently requested this Department to provide the service selected below. In order that this service may be provided, please submit this form along with payment in the appropriate amount to this Department at your earliest convenience.

Name: _____
Address: _____
Location of Service: _____
Phone: _____

PAID

Check # _____ **Cash** _____
Credit: _____
Amount: _____
Received By: _____

FOOD PROTECTION:

Low Risk	\$ 125 .00
Medium Risk	\$ 175 .00
High Risk	\$ 225 .00
Catering Operations	\$ 225 .00
Mobile Unit (per vehicle)	\$ 100 .00
Temporary (14 days or less)	\$ 30 .00
Multiple Temporary (up to 26 events per year)	\$ 100 .00

TEMPORARY RESIDENCES, CAMPS AND RECREATION:

Children's Camp	\$ 200 .00
Hotel/Motel	\$ 150 .00
Campground	\$ 150 .00
Bathing Beach	\$ 150 .00
Swimming Pool	\$ 165 .00
Migrant Labor Camp	\$ 200.00
Mobile Home Park	\$ 150.00

PRIVATE SEWAGE / WATER

Well Construction Permit	\$ 25.00
Soil Percolation Test – Site Evaluation	\$ 200 .00
Additional Perc Test	\$ 50 .00
Permit to Construct Septic System (includes final inspection)	\$ 150 .00
Evaluation of Septic (by request for any purpose)	\$ 150 .00
Septic Permit Renewal (within 60 days of expiration; same applicant)	\$ 55 .00
Septic Tank Only (Replace/Upgrade)	\$ 55 .00
Evaluation of Water System (includes Sanitary Survey, bacteriological sample & analysis)	\$ 75 .00
Water Sample (includes bacteriological sample & analysis) (Resampling)	\$ 30 .00
Additional Water Testing (per test, see Water Sampling packages)	

SPECIAL WATER SAMPLES (Non Potable, Process or Agricultural Water)

Presence/absence of Total Coliform &/or E.Coli (Standard Plate Count)	\$ 165 .00
Presence/absence of Total Coliform &/or E.Coli only	\$ 75 .00

ENGINEERING & PLAN REVIEW FEES

Engineering Report Audit	\$ 100 .00
Individual Residential Sewage Disposal System	\$ 150 .00
Commercial/Industrial Sewage Disposal System	\$ 200 .00
Campgrounds/RV Parks/MHP Projects	\$ 200 .00
Public Water Supply(Source/Treatment/Distribution/Storage/Modification)	\$ 200 .00
Distribution Additional per mile > 2	\$ 25 .00
Cross Connection Control/RPZ	\$ 150 .00
Swimming Pools/Bathing Beach	\$ 400 .00
Mass Gathering Plan Review Fee	\$ 500 .00
Realty Subdivision (fee per lot)	\$ 25 .00
Food Service Establishment	\$ 55 .00

GENERAL

3rd Party Audit	\$ 250.00
Replace Document Fee	\$ 7.50
Smoking Waiver (Annual)	\$ 100 .00
Mass Gathering	\$ 2500 .00
Tanning Facilities	\$ 30 .00
UV Devices @ \$50 each	# of UV Devices: \$
Food Safety Manager Certification Exam	# of Registrants: \$ 55.00
Late/Expediting Fee Assessed	\$
Miscellaneous	\$

Total Amount Due

Late Fees:

1. A late fee of \$100.00 is charged to all permitted facilities that do not remit the application and fee prior to expiration of the existing permit.
2. An expediting fee of \$100.00 for all new applications for a permit to operate received by this offices less than 7 days prior to the first date of operation. (* Exception: Temporary/Multi Temporary Food)
3. A late fee of \$20.00 is charged to Temporary Food Applications/Multiple Temporary Food Applications received by this office less than 7 days prior to the event(Temporary Food) or first event (Multi Temp Food).

Facilities/individuals submitting engineered plans for review will be billed the balance of the plan review fee incurred by the department when the bill is received from the Department's Contractual Engineer (balance amounts will vary dependent upon scope and review time of each project).

There will be a service charge for all returned checks.



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Plan Review Fee Determination Schedule

CAUTION: Improperly completed forms or improperly calculated fees will be returned and may delay processing of plans.

Instruction to applicant for completion of this form:

To determine what fee applies to your project:

1. Locate category type on the list below.
2. Enter the amount indicated under "Fee Calculation" on the right side of the form.
3. Enter total at bottom of form.
4. Make check payable to the "Genesee County Health Department" in the total amount.
5. **Sign and date** the fee determination schedule.
6. Mail this form with the check to the address noted above, accompanied by all appropriate applications, drawings, reports, etc.

Name of Facility/Project Description: _____

Facility Address: _____

Mailing Address of Applicant: _____

Phone Number: _____

Type of Project	Fee (per project)	Fee Calculation
Engineer Report Audit	\$100.00	_____
Residential Onsite Wastewater Treatment System	\$150.00	_____
Commercial/Industrial Onsite Wastewater Treatment System	\$200.00	_____
Campgrounds/RV Parks	\$200.00	_____
Hotel/Motel	\$200.00	_____
Additional per room > 20	\$20.00	_____
Sprinklers	\$150.00	_____
Mobile Home Park	\$200.00	_____
Swimming Pool	\$400.00	_____
Bathing Beach	\$400.00	_____
Public Water Supply		
Source/Treatment	\$200.00	_____
Distribution	\$200.00	_____
Additional per mile > 2	\$25.00	_____
Storage/Modification	\$200.00	_____
Cross Connection Control	\$150.00	_____
Realty Subdivision	\$25.00/per lot	_____
Food Service Establishment	\$55.00	_____
Mass Gathering	\$500.00	_____
TOTAL		_____

Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.

Please Print Name Title Date

Signature

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 that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds 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. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

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 facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types:

Agricultural Fairgrounds

Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

Mass Gathering

Migrant Farm Worker Housing

- Farm Labor Housing

Mobile Home Parks

Mobile Food

Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

Tanning Facility

Temporary Food

Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

Vending Food Machines

State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

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 primary 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 swimming pool-indoor 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 A. For tanning facilities enter the number of beds and booths. 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 is 06/01). If the operation is year-round, enter 01/01 for opening 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 AM or PM 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 and fax number of the legal operator.

Employer Identification/Social Security Number: Enter the **Employer Identification or Social Security Number** of the operator of the facility.

Email Address and Fax No.: Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

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

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

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 of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

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 Corporation Officers

If a 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 copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

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:

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 PM [][] [][] [][] [][] AM PM
Month/Day Month/Day Open Close

- | | | | | | |
|---|---|---|--|---|------------------------------------|
| Water Supply | Sewage System | Number of operations under this registration | | | |
| <input type="checkbox"/> Public (municipal) | <input type="checkbox"/> Public (municipal) | <input type="checkbox"/> Indoor Pools | <input type="checkbox"/> Bathing Beaches | <input type="checkbox"/> Food Services | <input type="checkbox"/> Day Camps |
| <input type="checkbox"/> Private (onsite) | <input type="checkbox"/> Private (onsite) | <input type="checkbox"/> Outdoor Pools | <input type="checkbox"/> Spa Pools | <input type="checkbox"/> Recreational Aquatic Spray Grounds | |
| | | <input type="checkbox"/> 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 _____

Content and Format of Plans and Specifications

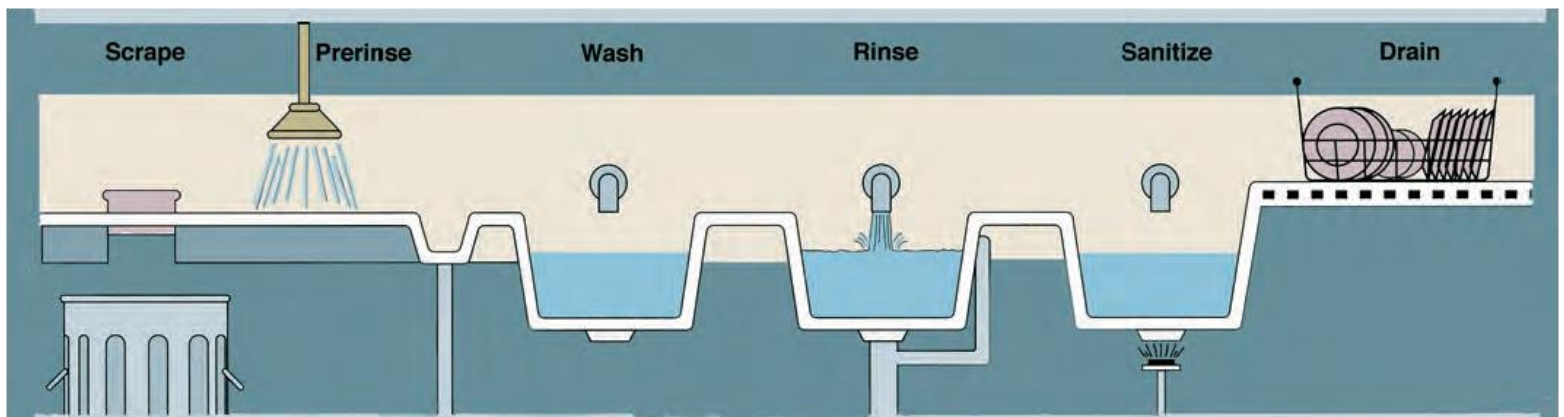
1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include: **proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. Show the location of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. **Label and locate separate food preparation sinks** when the menu dictates to preclude contamination and cross-contamination of raw and read-to-eat foods.
6. Clearly designate **adequate hand washing lavatories** for each toilet fixture and in the **immediate area of food preparation**.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, **hot water generating equipment with capacity and recovery rate**, backflow prevention, and wastewater line connections;
 - d. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
 - e. **Source of water supply and method of sewage disposal**. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
 - f. **A mop sink or curbed cleaning facility** with facilities for hanging wet mops;
 - g. **Grease trap specifications**;
 - h. **Garbage can washing area/facility**;
 - i. **Cabinets for storing toxic chemicals**;
 - j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
 - k. Site plan (plot plan).

Part 1 – Menu

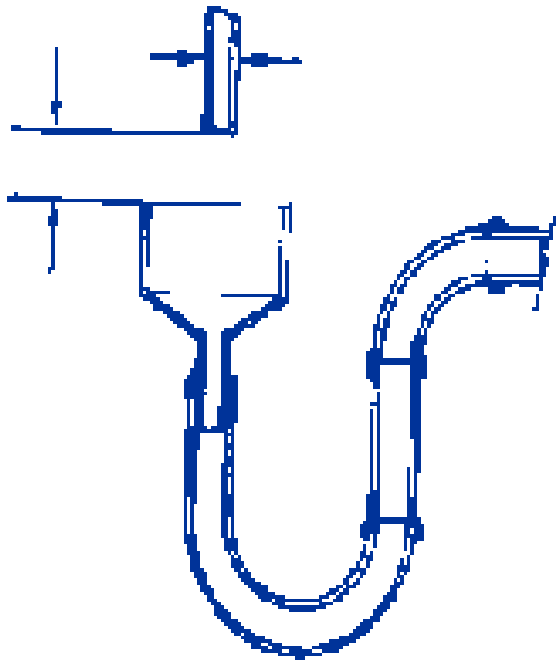
The menu is an integral part of the Plan Review Process. The menu or a listing of all the food and beverage items to be offered at the food service establishment must be submitted by the applicant to the regulatory authority with the submission of all other Plan-Review application documents.

*All food needs to come from an inspected and approved source.

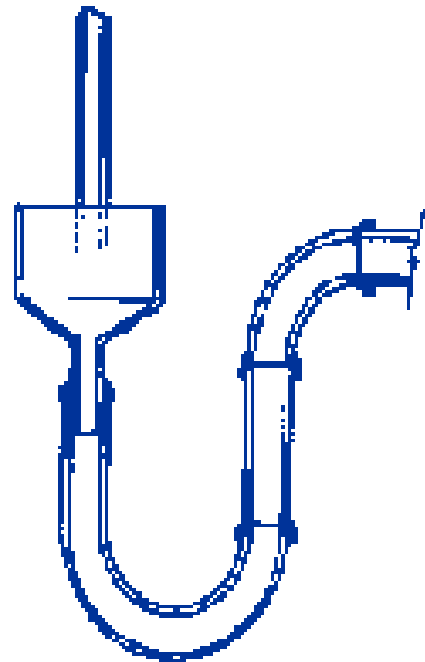
The menu for a food service establishment dictates the space and equipment requirements for the safe preparation and service of various food items. The menu will determine if the proposed receiving and delivery areas, storage area, preparation and handling areas, and thawing, cooking, and reheating areas are available and adequate to handle the types and volumes of food being served.



1. SCRAPE AND PRE-RINSE with warm water from a spray type nozzle all dishes and utensils promptly before food can dry on them. Keeps the wash water free of large food particles. Loosens dried-on foods. Reduces stains on dishes. Saves detergent.
2. WASH in first compartment with warm water at 110⁰ – 120⁰F using a good washing compound, brush, and “elbow grease.” Washing compound does not sanitize utensils.
3. RINSE utensils in second compartment by immersion in clean, warm water. Washing compound is rinsed off. Change the rinse water frequently. Do not rinse dishes in dirty water.
4. SANITIZE utensils in 3rd compartment by use of hot water or a chemical sanitizer. Rinse utensils, making use of a long handled wire basket, in clean hot water at a temperature of at least 170⁰ for no less than a ½ minute. Auxiliary heat is necessary. An alternate method is utensil immersion for at least one minute in a sanitizing solution containing at least 50 ppm available chlorine at a temperature of at least 75⁰.
5. DRAIN AND AIR DRY. Do not towel. Toweling contaminates utensils. Store utensils, glasses and cups (inverted) in a clean, dry place.



Air Gap



Air Break

Indirect Waste

New York State Workers' Compensation Board
Application for Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at www.wcb.ny.gov. Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

1. Applicant Personal Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

Personal Phone Number (_____) _____

2. Your Title (check only one)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> President | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Member |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please provide title) _____ | |

3. Legal Entity Information:

Business Federal ID (If none, enter social security number): _____

Legal Entity Name: _____

Doing Business As Name _____

Business Phone: (_____) _____ E-mail _____

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

4. Permit/License/Contract Information:

A. Nature of Business:(please check only one)

- | | |
|---|--|
| <input type="checkbox"/> Construction/Carpentry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Restaurant / Food Service | <input type="checkbox"/> Trucking / Hauling |
| <input type="checkbox"/> Food Cart Vendor | <input type="checkbox"/> Horse Trainer/Owner |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Bar / Tavern | <input type="checkbox"/> Mobile - Home Park |
| <input type="checkbox"/> Other (please explain) _____ | |

B. Applying for:

- License (list type) _____
- Permit (list type) _____
- Contract with Government Agency

Issuing Government Agency: _____
(e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)

A. Job Site Address

Street address _____

City: _____ State: _____ Zip: _____ County: _____

B. Dates of project: (mm/dd/yyyy) _____ to:(mm/dd/yyyy) _____

Estimated Dollar amount of project:

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$50,001 - \$100,000 |
| <input type="checkbox"/> 10,001- \$25,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$25,001 - \$50,000 | |

6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

(Attach additional sheet if necessary)

Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.

7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:

- A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
Temporary Service Agency

Name _____ Phone # _____

- J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier _____ Policy # _____

Policy start date _____ Policy expiration date _____

8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- B. The business MUST be either: 1) owned by one individual; **OR** 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; **OR** 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); **OR** 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- E. The business is a farm and all employees are farm laborers.
- F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

Signature Title Date