

## 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.**



**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 \_\_\_\_\_



## CATTARAUGUS COUNTY HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.  
Cattaraugus County  
Health Department

# SPECIAL NOTICE

## **New York State Workers' Compensation/Disability Benefits Insurance Requirements**

Effective December 1, 2008, the New York State Workers' Compensation Board (WCB) has replaced Form WC/DB-100 (previously used to demonstrate exemption from WC/DB insurance requirements) with the new Certificate of Exemption (Form CE-200). Consequently, every permittee MUST EITHER:

A) Provide current insurance policy information (see application section G)

OR

B) File a current Certificate of Exemption (CE-200) form with your Department of Health permit application.

Failure to provide complete and accurate information about Workers' Compensation/Disability Insurance, or proof of exemption, will preclude the Health Department from issuance/renewal of your permit. Current forms must be attached to your application each year or the permit will be denied in accordance with the New York State Workers' Compensation Law (NYSWCL).

An overview that clarifies the requirements and the CE-200 exemption form can be found on the WCB website ([www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)). New instructions for obtaining a certificate of exemption through the NY Business Express website are printed on the reverse side of this notice.

**If you have questions or need assistance you must call 1-877-632-4996.**

The majority of these forms will be processed electronically. Applicants with internet access must complete the questionnaire online and print a copy of the CE-200 exemption to enclose with your permit application. Applicants without internet access should call the help line number above to request a paper form for mailing. However, be advised that mail applicants may wait up to four weeks before receiving their approved CE-200 form. To avoid delays, ALL applicants are strongly encouraged to use the online form. Therefore, if you do not have a computer with internet access, we suggest you visit your local public library to use one.



# Certificate of Exemption

## Instructions for obtaining and filing a Certificate 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.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.  
If you have an 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 an 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 an NY.gov Individual account, select **Continue**.
    - If the account(s) shown is an 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.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
  - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Login/Register**.
16. On the New York Business Express Home Page:
  - Scroll down to Top Requests and select **Certificate of Attestation, or**
  - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

### You will receive an email when your application has been Issued/Approved.

To view your certificate:

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

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

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