



**D. Complete for temporary food service establishments only (attach additional paper if needed)**

Name of location of event \_\_\_\_\_

Name of Food	Supplier of ingredients	Where and how foods will be prepared and served

**E. Complete for mobile food service establishments or pushcarts only.**

Type of Vehicle:     Motorized                       Pushcart                       Other (specify) \_\_\_\_\_

Motor vehicle license no. (for motorized vehicles) \_\_\_\_\_

Commissary name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

List on separate sheet types of food and beverages served.

**F. Food and beverage machines only. Attach a list of all machine locations and food dispensed.**

**G. Partners and Corporate Officers**

List all partners and cooperate officers in the operation of the facility. Include vice president(s), secretary, and treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Phone

**H. Workers' Compensation and Disability Insurance (All applicants must complete this section.)**

This is to certify, under penalties of perjury, that

(A) the operation described in this application has Workers' Compensation and disability insurance as identified below:

	Carrier	Policy No.	Expiration Date
Workers' Compensation			
Disability Benefits			

OR

(B)  a representative of Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

**I. Signature**

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