

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.)

When WC/DB coverage **IS** provided.

- Workers' Compensation:
 - **Form C-105.2** - Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
 - **Form U-26.3** - Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
 - **Form SI-12** - Certificate of Workers' Compensation Self-Insurance, at 518-402-0247 **OR**
 - **GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance; **AND**
- Disability Benefits:
 - **DB-120.1** - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
 - **Form DB-155** - Certificate of Disability Benefits Self-Insurance

When WC/DB coverage **IS NOT** provided.

- **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

To obtain an exemption of WC/DI please visit: <http://www.wcb.state.ny.us>

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 _____