



**Section D: 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_

List on separate sheet types 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 

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 Permit Expiration Date 

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Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_