



ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

PERMIT APPLICATION

Enclosed is an application to operate a temporary food service in Ontario, Wayne and Yates Counties from this office. List all events you plan to attend in the three counties we serve. Please complete, sign and return all applicable forms to this office.

DETAILED INSURANCE INFORMATION

The NYS Worker's Compensation Board Law requires every application for a permit to include the following forms for Worker's Compensation and Disability Coverage and/or exemption form.

- If you carry Worker's Compensation and Disability, please contact your insurance company to obtain the specific insurance forms listed below:

Acceptable Workers' Compensation Certificates:

- Form C-105.2 - Certificate of Worker's Compensation Insurance
- Form U-26.3 - Certificate of Workers' Compensation Insurance
- Form SI-12 - Certificate of Workers' Compensation Self-Insurance
- GSI-105.2 - Certificate of Participation in Workers' Compensation Group Self-Insurance

Acceptable Disability Benefits Certificates:

- DB-120.1 - Certificate of Disability Benefits
 - Form DB-155 - Certificate of Disability Benefits Self-Insurance
- If you are **exempt** from worker's compensation and/or disability, you must submit a signed and dated exemption form CE-200 - Certificate of Attestation of Exemption. See website and instructions below to obtain required exemption form)

Access the on-line application at www.wcb.ny.gov. Click the 'WC/DB Exemption' button and then click 'Request for WC/DB Exemption (Form CE-200)'. Complete information requested and print out certificate. Sign and date certificate and submit with your permit application.

Any questions regarding Worker's Compensation & Disability, contact WCB at 866-571-6729.

Your application for a permit to operate a temporary food service should be submitted at least three (3) weeks prior to your first event. Return the complete signed application, worker's compensation and disability benefits insurance forms or exemption form CE-200, and a check or money order to this office. (*If you are claiming exemption from the fee, you must complete and sign the reverse side of the application.*) Make your check or money order payable to the **NYS Department of Health**.