



Tioga County Public Health Department

Lisa C. McCafferty, R.S., MPH; Public Health Director



Public Health
Prevent. Promote. Protect.
Tioga County

Application for a Permit to Operate

Complete all items that apply to your establishment, sign on the back page and return with the appropriate fee **30 days** prior to the expect opening date.

Return to:	Annual Permit
Tioga County Public Health	Seating 1-99: \$114.00
Environmental Services	Seating 100+: \$186.00
1062 State Rt 38, PO Box 120	Write check to: Tioga County Treasurer
Owego, NY 13827	

Questions? Call 607-687-8600

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

Section A: Facility Information

Facility name: _____

Facility Street Address: _____

City: _____ State _____ Zip: _____

Telephone#: _____ Fax#: _____ Email: _____

Facility Status: Profit Non-Profit

Name of Event: _____ Location of Event: _____

Expected Opening Date: _____ Expected Closing Date: _____ Hours of Operation:

Open _____ am pm Close _____ am pm

Days: SUN MON TUES WED THUR FRI SAT

Type of Operation:

Food Service

Water Supply (choice one):

Sewage System (choice one):

Public (municipal)

Public (municipal)

Private (onsite)

Private (onsite)

Section B: Operator/Owner Information

Legal Operator: _____ TIN or SS#: _____

Permanent address: _____ City _____

State _____ Zip Code _____

Telephone#: _____ Email: _____

Section C: Detailed Food to be Served

Attach additional sheets as necessary.

Name of Food	Supplier of ingredients	Where & how prepared and served?

Section C: REQUIRED Workers' Compensation and Disability

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Worker Compensation and Disability Insurance **PROVIDED**

Workers Compensation: Choose ONE

Form C-105.2- Certificate of Workers' 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 Worker's Compensation Self-Insurance

AND

Disability Insurance: Choose ONE

DB-120.1- Certificate of Disability Benefits

Form DB-155- Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability **NOT PROVIDED:**

Form CE-200- Certificate of Attestation of Exemption

Section D: Signature **MUST BE COMPLETED**

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 authorize official _____

Print name of person signing _____ Title _____ Date _____

OFFICE USE ONLY

Permit issuance recommended? YES NO Permit Effective: _____ Permit Expiration: _____

Conditions of approval: _____

Signature _____ Title _____ Date _____