



Paul A. Pettit, MSL
Public Health Director

GENESEE AND ORLEANS COUNTY
HEALTH DEPARTMENTS

Genesee County Health Department
3837 West Main Street Road
Batavia, NY 14020
Phone: (585) 344-2589 x5555
Fax: (585) 344-4713



Orleans County Health Department
14016 Route 31 West, Suite 101
Albion, NY 14411
Phone: (585) 589-3278
Fax: (585) 589-2878



Brenden Al Bedard, MPH
Deputy Public Health Director

Recommended Checklist for New or Remodeled Establishments

1. Plan Approval
 - submit application and fees for plan review
 - submit drawings of plan prior to construction
2. Permit / Inspection
 - submit application and fee for permit
 - inspection needed prior to opening
3. Submit Evidence of food safety knowledge and/or food safety training
4. Sinks
 - three bay stainless steel sink with drain boards
 - stainless steel vegetable prep sink with indirect/open drain
 - separate hand sink with liquid soap and paper towels
 - mop sink with back flow prevention valve at water source
5. Refrigeration
 - commercial refrigeration only, no home type coolers
 - shelves must be rust free, no painted shelves, replating may be required
 - thermometers in each unit
6. Shelving
 - no bare wood allowed
 - all shelves & equipment must be 6" off floor or sealed to floor
 - separate toxic chemical storage area
7. Lighting
 - bright enough (30 foot candles) in washing, preparation, storage, cooler areas
 - properly shielded
8. Walls and floors
 - walls must be washable, use enamel or epoxy paint, stainless steel, synthetics
 - floors must be smooth, concrete surface sealed, tile, linoleum, quarry tile recommended
9. Bathrooms
 - soap and paper towels at hand sink
 - doors must be self-closing
10. Exhaust hood with filters
11. Salad bar requires sneeze guard
12. Ice Cream cabinet with dipper well
13. Garbage dumpster must be adequate, leak proof, non-absorbent, vermin proof and covered
14. Doors to outside must be screened and kept closed
15. Plumbing and water supply
 - indirect/open drains on prep sinks, bar ice sinks, ice machines and coolers
 - private water (wells) must be approved by the Health Department, conform to Subpart 5
 - onsite sewage disposal (septic systems) must be approved by the Health Department
 - exterior grease traps are required on new installations
16. Miscellaneous
 - bleach of approved sanitizer
 - stem thermometer (0-220 F)
17. CHECK WITH LOCAL TOWN OR CITY CODE ENFORCEMENT AND FIRE DEPARTMENT



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ENVIRONMENTAL HEALTH FEE SCHEDULE

You or your representative have recently requested this Department to provide the service selected below. In order that this service may be provided, please submit this form along with payment in the appropriate amount to the appropriate county department at your earliest convenience.

Name/Facility: _____
 Address: _____
 Mailing Address (if different): _____
 Phone Number: _____
 Signature: _____

Check # _____ Cash
 Online Payment
 Credit: _____
 Amount: _____ Rec'd by: _____
 Date: _____

FOOD PROTECTION:

Low Risk	\$ 125.00	_____
Medium Risk	\$ 175.00	_____
High Risk	\$ 225.00	_____
Catering Operations	\$ 225.00	_____
Mobile Unit (per vehicle)	\$ 100.00	_____
Temporary (14 days or less)	\$ 30.00	_____
Multiple Temporary (up to 26 events per year)	\$ 100.00	_____

TEMPORARY RESIDENCES, CAMPS AND RECREATION:

Children's Camp	\$ 200.00	_____
Hotel/Motel	\$ 150.00	_____
Campground	\$ 150.00	_____
Bathing Beach	\$ 150.00	_____
Swimming Pool	\$ 165.00	_____
Migrant Labor Camp	\$ 200.00	_____
Mobile Home Park	\$ 150.00	_____

PRIVATE SEWAGE / WATER:

Well Construction Permit	\$ 25.00	_____
Soil Percolation Test – Site Evaluation	\$ 200.00	_____
Additional Perc Test	\$ 50.00	_____
Permit to Construct Septic System (includes final inspection)	\$ 150.00	_____
Evaluation of Septic System (by request for any purpose)	\$ 150.00	_____
Septic Permit Renewal (within 60 days of expiration; same applicant)	\$ 55.00	_____
Septic Tank Only (Replace / Upgrade)	\$ 55.00	_____
Evaluation of Water System (includes sanitary survey, bacteriological sample & analysis)	\$ 75.00	_____
Water Sample Resampling (includes bacteriological sample & analysis)	\$ 30.00	_____
Additional Water Testing (per test, see Water Sampling packages)	\$	_____

SPECIAL WATER SAMPLES (Non Potable, Process or Agricultural Water):

Presence/absence of Total Coliform &/or E.Coli (Standard Plate Count)	\$ 165.00	_____
Presence/absence of Total Coliform &/or E.Coli only	\$ 75.00	_____

ENGINEERING & PLAN REVIEW FEES:

Engineering Report Audit	\$ 100.00	_____
Individual Residential Sewage Disposal System	\$ 150.00	_____
Commercial / Industrial Sewage Disposal System	\$ 200.00	_____
Campgrounds / RV Parks / MHP Projects	\$ 200.00	_____
Public Water Supply (Source / Treatment / Distribution / Storage / Modification)	\$ 200.00	_____
Distribution Additional per mile >2	\$ 25.00	_____
Cross Connection Control/RPZ	\$ 150.00	_____
Swimming Pools/Bathing Beach	\$ 400.00	_____
Mass Gathering Plan Review Fee	\$ 500.00	_____
Realty Subdivision (fee per lot)	\$ 25.00	_____
Food Service Establishment / Mobile Food Service Establishment	\$ 55.00	_____

GENERAL:

3 rd Party Audit (Including Temporary Housing)	\$ 250.00	_____
Replace Document Fee	\$ 7.50	_____
Smoking Waiver (Annual)	\$ 100.00	_____
Mass Gathering	\$ 2500.00	_____
Tanning Facilities	\$ 30.00	_____
UV Devices @ \$50 each	# of UV Devices: _____	\$ _____
Food Safety Manager Certification Exam	# of Registrants: _____	\$ 55.00 _____
Late/Expediting Fee Assessed		\$ _____
Miscellaneous		\$ _____

TOTAL AMOUNT DUE \$ _____

Late Fees:

1. A late fee of \$100.00 is charged to all permitted facilities that do not remit the application and fee prior to expiration of the existing permit.
2. A late fee of \$20.00 is charged to Temporary Food Applications/Multiple Temporary Food Applications received by this office less than 7 days prior to the event (Temporary Food) or first event (Multi Temporary Food).
3. An expediting fee of \$100.00 for all new applications for a permit to operate received by these offices less than 7 days prior to the first date of operation. (*Exception: Temporary/Multi Temporary Food).

**Please make checks payable to:
Genesee County Health Department OR Orleans County Health Department**

There will be a service charge for all returned checks.

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types:

Agricultural Fairgrounds

Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

Mass Gathering

Migrant Farm Worker Housing

- Farm Labor Housing

Mobile Home Parks

Mobile Food

Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

Tanning Facility

Temporary Food

Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

Vending Food Machines

State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

Water Supply/Sewage System: Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration: Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date: Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation: Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation: Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge): Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number: Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

Employer Identification/Social Security Number: Enter the **Employer Identification or Social Security Number** of the operator of the facility.

Email Address and Fax No.: Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

Name of Owner: Enter the name of the owner of the facility if different from the operator.

Permanent Address of Owner and Telephone Number: Enter the mailing address and telephone number of the owner if different from the operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

Application for a Permit to Operate

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

SECTION A: Facility Information (Entire section must be completed by all applicants.)

Facility name _____

Facility address _____

City _____ State _____ Zip _____ Telephone no. (____)_____ Fax no. (____)_____

Municipality _____ [T] [V] [C] Capacity [_____] Facility Status [] Profit [] Non-profit

Facility Type [_____] Indicate days operation is open S M T W T F S

Expected opening date | | | | / | | / | | Expected closing date | | | | / | | / | | Hours of operation | | | | AM
PM | | | | AM
PM
Month/Day Month/Day Open Close

- | | | |
|---|--|--|
| Water Supply
<input type="checkbox"/> Public (municipal)
<input type="checkbox"/> Private (onsite) | Sewage System
<input type="checkbox"/> Public (municipal)
<input type="checkbox"/> Private (onsite) | Number of operations under this registration
<input type="checkbox"/> Indoor Pools <input type="checkbox"/> Bathing Beaches <input type="checkbox"/> Food Services <input type="checkbox"/> Day Camps
<input type="checkbox"/> Outdoor Pools <input type="checkbox"/> Spa Pools <input type="checkbox"/> Recreational Aquatic Spray Grounds
<input type="checkbox"/> Tanning Devices |
|---|--|--|

SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)

Legal **operator** or operating corporation _____
 (If corporation or partnership, Section F must be completed.)

Person in charge _____ Telephone no. (____)_____ Fax no. (____)_____

Permanent address _____ Email address _____

City _____ State _____ Zip _____ Employee Identification Number [____][____][____][____][____][____][____][____]
 Or Social Security Number [____][____][____]-[____][____]-[____][____][____][____]

Owner _____ Telephone (____)_____

Permanent address _____ City _____ State _____ Zip _____

SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).

Name and location of event _____

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

SECTION D: Complete for mobile food service establishments or pushcarts only.

Type of vehicle Motorized Pushcart Other (specify) _____

Motor vehicle license number (motorized vehicles only) _____

Commissary name _____ Telephone No. (____) _____

Address _____ City _____ State _____ Zip _____

List on a separate sheet of paper the type 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 [__][__][__] Permit Expiration Date [__][__][__]

Conditions of approval

Signature _____ Title _____ Date _____

Content and Format of Plans and Specifications

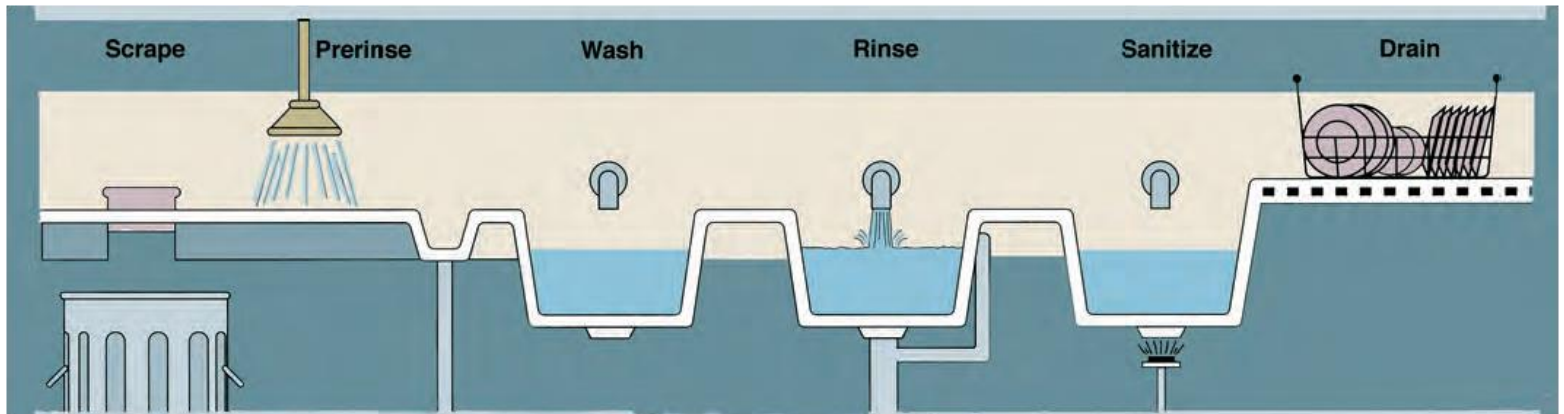
1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include: **proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. Show the location of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. **Label and locate separate food preparation sinks** when the menu dictates to preclude contamination and cross-contamination of raw and read-to-eat foods.
6. Clearly designate **adequate hand washing lavatories** for each toilet fixture and in the **immediate area of food preparation**.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, **hot water generating equipment with capacity and recovery rate**, backflow prevention, and wastewater line connections;
 - d. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
 - e. **Source of water supply and method of sewage disposal**. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
 - f. **A mop sink or curbed cleaning facility** with facilities for hanging wet mops;
 - g. **Grease trap specifications**;
 - h. **Garbage can washing area/facility**;
 - i. **Cabinets for storing toxic chemicals**;
 - j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
 - k. Site plan (plot plan).

Part 1 – Menu

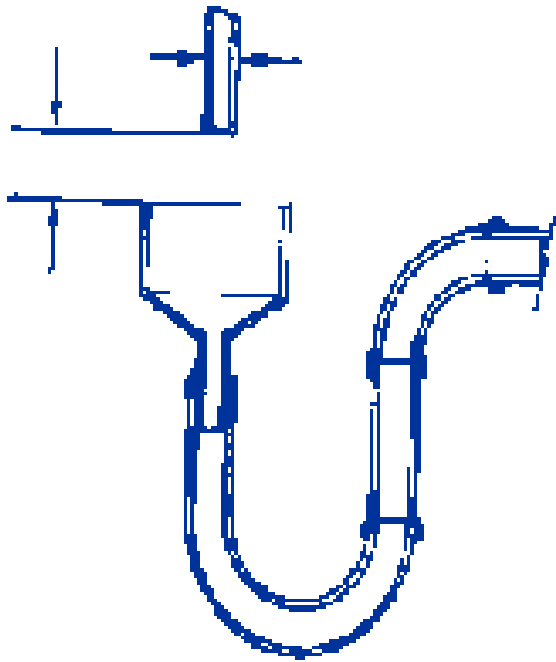
The menu is an integral part of the Plan Review Process. The menu or a listing of all the food and beverage items to be offered at the food service establishment must be submitted by the applicant to the regulatory authority with the submission of all other Plan-Review application documents.

*All food needs to come from an inspected and approved source.

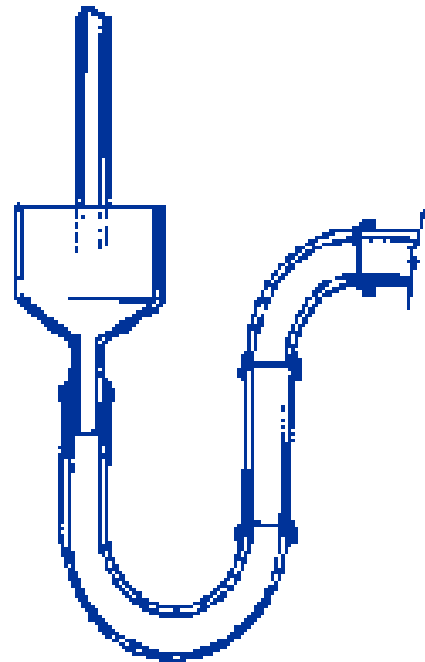
The menu for a food service establishment dictates the space and equipment requirements for the safe preparation and service of various food items. The menu will determine if the proposed receiving and delivery areas, storage area, preparation and handling areas, and thawing, cooking, and reheating areas are available and adequate to handle the types and volumes of food being served.



1. **SCRAPE AND PRE-RINSE** with warm water from a spray type nozzle all dishes and utensils promptly before food can dry on them. Keeps the wash water free of large food particles. Loosens dried-on foods. Reduces stains on dishes. Saves detergent.
2. **WASH** in first compartment with warm water at 110⁰ – 120⁰F using a good washing compound, brush, and “elbow grease.” Washing compound does not sanitize utensils.
3. **RINSE** utensils in second compartment by immersion in clean, warm water. Washing compound is rinsed off. Change the rinse water frequently. Do not rinse dishes in dirty water.
4. **SANITIZE** utensils in 3rd compartment by use of hot water or a chemical sanitizer. Rinse utensils, making use of a long handled wire basket, in clean hot water at a temperature of at least 170⁰ for no less than a ½ minute. Auxiliary heat is necessary. An alternate method is utensil immersion for at least one minute in a sanitizing solution containing at least 50 ppm available chlorine at a temperature of at least 75⁰.
5. **DRAIN AND AIR DRY.** Do not towel. Toweling contaminates utensils. Store utensils, glasses and cups (inverted) in a clean, dry place.



Air Gap



Air Break

Indirect Waste

Certificate of Exemption



Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Login/Register**.
16. On the New York Business Express Home Page:
 - Scroll down to Top Requests and select **Certificate of Attestation, or**
 - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and **sign** the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.