



Date Rcvd. _____

In accordance with subpart 14-2 of the New York Sanitary Code

Please submit application **at least 10 days prior** to the event or an **\$18 LATE FEE** will be applied. The fee must accompany this application payable by cash, check or money order to the **Monroe County Department of Public Health**. For Credit Card payments please complete the [Credit Card Authorization Form](#).

***YOU MUST INCLUDE A COPY OF A CURRENT FOOD CARD/CERTIFICATE WITH THIS APPLICATION**

4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

(Proof of insurance is required prior to permit issuance)

Workers' Compensation: Check and Submit Certificate with Application

- ☐ 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; **OR**
- ☐ GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

- ☐ DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- ☐ Form DB-155 – Certificate of Disability Benefits Self-Insurance

****NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.***

When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application

- ☐ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is **NOT** provided)

Note: Instructions for obtaining and filing a Certificate of Attestation of Exemption from the NYS Workers' Compensation and/or Disability (CE-200) through New York Business Express are located on businessexpress.ny.gov Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 W. Main St, Rochester, NY 14614**.
Questions? Call the NYBE contact Center: (877) 632-4996

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Owner's Signature _____

Owner's Name (Print) _____

Date of Application _____

THIS IS NOT A PERMIT TO OPERATE!

A temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).