



# Tioga County Public Health Department

Heather Vroman, MEd; Interim Public Health Director  
1062 State Route 38, PO Box 120, Owego, NY 13827  
607-687-8600



**Public Health**  
Prevent. Promote. Protect.  
Tioga County

Dear Operator,

Enclosed is your application for permit to operate. Check all information on this form and provide new or revised information as needed. Remember to sign page two. Return the application to the Tioga County Public Health Department with your payment. Please make your check payable to "Tioga County Treasurer".

You are required to submit proof of Workers' Compensation and Disability Insurance. These forms are obtained through your insurance agent. Acceptable forms are noted on back of permit application.

If you are eligible for an exemption from coverage, you must file a Certificate of Attestation of exemption form CE-200 from NYS Workers' Compensation and/or Disability Benefits coverage form. You must provide a signed copy with your renewal application. This form can be accessed and completed online, at [www.wcb.ny.gov](http://www.wcb.ny.gov). The local service center can be contacted for assistance at 1-866-802-3604.

All applications and required documentation shall be submitted to this office 30 days prior to expiration of your current permit. If not received by this office prior to your current permit expiration, you will be in violation and operating without a permit. A fine of \$100.00 will be assessed and you will be closed for business.

Sincerely,

*Todd Kopalek*

Todd Kopalek  
Supervising Public Health Sanitarian





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## 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: \_\_\_\_\_

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 \_\_\_\_\_