



Regulation of Food and Beverage Vending Machines

Environmental Health Division
Application for Permit

RE: Regulation of Vending of Food and Beverage Machines

The Chautauqua County Board of Health has adopted the New York State Public Health Law Part 14, Sub Part 14-5 (Vending of Food and Beverages). The purpose of this code is to protect the public health. Food vending machines are to be maintained and operated in such a way as to avoid health hazards. This code does not apply to machines vending merchandise other than food or beverages. The Public Health Law requires each vending machine that provides temperature control foods and beverage dispensers in the County to be permitted and inspected every year.

The Board of Health has established fees for 2-year permits as follows: Permit fee of \$40.00 inspection fee per licensing period. For example, a facility with 10 vending machines will have a total biennial fee of \$400.00.

The projected inspection frequency is twice per 2-year permit period, with re-inspections as needed, and complaint investigations as required.

Please send the application to the address below, along with your check or money order made payable to the Chautauqua County Director of Finance. If you wish to pay by credit/debit card, the attached slip must be filled out completely, and you must include a 2.5% transaction fee to the total transaction. You may also submit applications electronically to chealth@chqgov.com. **Incomplete applications will be returned for your completion and may delay the issuing of your permit.** These fees are non-refundable. **YOU MUST PROVIDE AN EMAIL ADDRESS ON YOUR APPLICATION, IN ORDER TO RECEIVE A COPY OF YOUR INSPECTION REPORTS.**

Along with your application, if you have employees you are required to submit proof of workers' compensation and disability insurance. **You must submit the appropriate insurance certificates listed on your application. Under New York State labor law these certificates are a pre-requisite to issue a permit to operate. PLEASE NOTE: WE NEED A C-105.2 AND A DB-120.1. WE CANNOT ACCEPT A C-105 AND DB-120.** To obtain these certificates, contact your insurance carrier.

If you do not have employees you can obtain a *Certificate of Attestation of Exemption Form CE-200* from the New York State Worker's Compensation Board stating you do not have employees and, therefore, do not need insurance. If you need assistance with the application call (518) 485-5000; the website is operated by New York State, not by Chautauqua County.

Step #1) You must apply online at <https://www.businessexpress.ny.gov/>. Scroll down and select Certificate of Attestation of Exemption (CE-200) under "Top Request" to begin the application process for this form.



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Step #2) Once approved, you will receive a confirmation email from New York Business Express. Follow the link in the email to print a copy of your certificate. Please be sure to **sign and date the form** before submitting your application.

****Per NYS - if we do not receive the appropriate forms listed on your application, we are unable to issue a permit for your facility.****

Should you have any questions or comments, please do not hesitate to contact this Department at (716)753-4567 or by email at cchealth@chqgov.com .

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.**

Chautauqua County Environmental Health Fee Schedule 01-2023

Food Service Establishment (FSE)

FSE High Risk	\$350 / 2 Year Permit
FSE High Risk with Catering	\$450 / 2 Year Permit
FSE Medium Risk	\$250 / 2 Year Permit
FSE Low Risk	\$150 / 2 Year Permit
FSE Re-Inspection	\$60 per occurrence

Mobile Food Service Establishment (MFSE)

MFSE High Risk	\$150 / 1 Year Permit
MFSE Medium Risk	\$120 / 1 Year Permit
MFSE Low Risk	\$100 / 1 Year Permit

Temporary Food Service Establishment (TFSE)

TFSE Application rec'd. at least 7 days prior to event	\$60
TFSE Application rec'd. less than 7 days prior to event	\$120

Mobile Home Park \$350 / 2 Year Permit

Temporary Residence \$300 / 2 Year Permit

Campground / Recreational Vehicle Park \$300 / 2 Year Permit

Swimming Pool \$225 / 2 Year Permit

Bathing Beach \$125 / 1 Year Permit

Spa \$100 / 2 Year Permit

Multiple Operations Under Primary Permit: Additional (secondary) operations under Temporary Residence or Campground permits are \$200 or each additional operation, other than a Spa, which is \$100

Migrant Labor Camps \$100 / 1 Year Permit

Vending Machines \$40 / machine

Tanning Facilities \$120 / 2 Year Registration Fee + \$100 per device

Clean Indoor Air Act Waiver \$300 / 1 Year Waiver

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 | Sewage System | Number of operations under this registration | | | |
| <input type="checkbox"/> Public (municipal) | <input type="checkbox"/> Public (municipal) | <input type="checkbox"/> Indoor Pools | <input type="checkbox"/> Bathing Beaches | <input type="checkbox"/> Food Services | <input type="checkbox"/> Day Camps |
| <input type="checkbox"/> Private (onsite) | <input type="checkbox"/> Private (onsite) | <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 _____

CREDIT/DEBIT CARD TRANSACTION SLIP

Transaction Date: _____

Business Name: _____

Business City & State: _____

Client Name: _____

Client Address: _____

Client Phone #: _____

MC/Visa/Discover: _____

Cardholder #: _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Total Amount of Sale = Fee & 2.5% Transaction Fee: _____