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County Executive

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

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The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
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PLEASE RETURN ORIGINAL APPLICATION
APPLICATION FOR A PERMIT TO OPERATE A
FOOD SERVICE ESTABLISHMENT

PLEASE TYPE OR PRINT CLEARLY
(Submit at least 30 days prior to establishments opening date)

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14-1 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY COUNTY SANITARY CODE.

Type of Application: NEW Permit # _____ (Leave Blank-Number Issued By Health Dept.)

Name of Establishment _____ Est. Phone #: _____

Street Location: _____

Name of Applicant: _____

Type of Business: Corporation Partnership Sole Proprietor

Mailing Address: _____

_____ Zip _____ Contact Phone # _____

<input type="checkbox"/> DENIED
<input type="checkbox"/> APPROVED
DATE PERMIT EXPIRES

Name of Corporation/Permit Holder _____

Type of Establishment: Restaurant Tavern Industrial Inst. Takeout Vending School Caterer

Commissary Other (Describe) _____

Does your establishment have a frozen dessert/frozen beverage machine? No Yes

Number of Seats _____ # of Employees _____ # of Rooms _____ # of Floors _____

Expected Opening Date: _____ Hrs. Of Operation: Weekdays _____ to _____

Weekends _____ to _____

Throughout the year Seasonal-Between the months of _____ to _____

You must provide CERTIFICATE(S) proof of insurance:

Workers Compensation and Disability Benefit Insurance -or-

WC DB CE-200

NYS WCB form CE-200: Certificate of Attestation of Exemption

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY SANITARY CODE. A PERMIT MAY BE SUSPENDED BY THE COMMISSIONER UPON VIOLATION OR REVOKED FOR SERIOUS OR REPEATED VIOLATIONS.

SIGNATURE OF OWNER OF PERMIT

PRINT NAME OF PERSON SIGNING

TITLE

DATE

DIVISION OF ENVIRONMENTAL HEALTH SERVICES: PHONE 518-447-4520 FAX 518-447-4501