



Town of Ramapo Office of the Fire Inspector
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DO NOT WRITE IN THIS SPACE	
Date Received _____/_____/_____	
Payment Type: Check CC MO Cash	
Check/MO # _____	R
Amount \$ _____	

**APPLICATION FOR A PERMIT TO OPERATE A
 MOBILE FOOD SERVICE ESTABLISHMENT**
Annual Fee: \$75.00

Please complete this form and return to address above

Pursuant to part 14-4.190(c) of the New York State Sanitary Code, I/ We hereby submit the following information and make application to operate a food service establishment.

MOBILE ESTABLISHMENT NAME _____

LEGAL OWNER/OPERATOR NAME: _____

Person in Charge: _____
Title First Name Last Name

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Ext:** _____ Cell **Other Phone:** _____ **Ext:** _____ Cell
(required)

E-Mail: _____ **Fax:** _____
(required – inspection reports will be emailed to this address)

Partners' or Corporate Officers' Names & Titles	Home Addresses and Phone Number
_____	_____
_____	_____

TYPE OF VEHICLE: Mobile Truck Mobile Trailer Push Cart Other (specify) _____

License Plate # _____

Provide location(s) of planned operation _____

When do you plan to operate (check all that apply)?

Weekdays Weekends Evenings Winter or any time when temperatures are ≤ 32°F

Storage location of Truck/Trailer/Pushcart:

Address _____ **City** _____ **State** _____ **Zip** _____

CERTIFIED FOOD WORKER(s): Attach Copies of Certificates (Application will not be processed without Valid Certifications)

Name of Manager Level worker (L1) _____ Certification # _____ exp _____

Name of Food Handler worker (L2) _____ Certification # _____ exp _____

COMMISSARY INFORMATION (required):

Commissary Name: _____ Business Phone: _____

Commissary Address: _____ City: _____ Zip: _____

Services provided by the Commissary (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Grey water disposal | <input type="checkbox"/> Food storage – dry goods |
| <input type="checkbox"/> Ware washing (3-bay sink) | <input type="checkbox"/> Food storage – cold foods |
| <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Chemical storage |
| <input type="checkbox"/> Other, Specify: _____ | |

COMMISSARY AUTHORIZATION: (Approval for Mobile Establishment to use Commissary as listed above)

Commissary Owner Name (Print): _____

Commissary Owner Email: _____ Commissary Owner Cell Phone: _____

Commissary Owner's Signature Date

PUSH CART INFORMATION: (Only complete if applying for a Push Cart permit)

Include photo of exterior of pushcart with this application

Source of Potable Water: MCWA Other: _____ Size of water supply tank: _____ Size of waste tank: _____
(Water tank, all hoses and plumbing MUST be Food Grade "NSF approved")

Check the foods you are planning to serve:

- Hot dogs Raw/frozen hamburgers (commercially pre-formed) Sausage (commercially pre-cooked only)
 Chicken (commercially pre-cooked only) Shaved raw/frozen steaks Meat hot sauce (commercially prepared only)

List any other types of food you would like to be considered for approval of service:

AUTHORIZATION:

Signature of Individual Operator or Authorized Official _____

Print Name _____ Title _____ Date _____

Worker's Compensation and Disability/Liability 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

Liability: Check and Submit Certificate with Application

- Form Accord 25- Certificate of Liability Insurance

****NOTE- Certificate holder of all insurances shall be Town of Ramapo***

When WC/DB coverage IS NOT required: 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*)

Only two types of entities may apply for a Certificate of Attestation of Exemption (CE-200) to show they are exempt from the requirement to provide workers' compensation and/or disability and Paid Family Leave benefits coverage:

1. New York entities with no employees
2. Out-of-state entities obtaining a contract or license where all the work is performed outside of NYS

Certificates are only valid for the specific license, permit or contract.

Certificates are assigned a unique certificate number that can be validated by the government official issuing the license, permit, or contract.

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 at:
businessexpress.ny.gov
