

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 office that issues your permit.

SECTION A: Facility Information

Facility Name

Enter the name of the facility.

Facility Address and Telephone Number

Enter the street address including city, town, village and ZIP code where the facility is located. Fill in the telephone number of the facility.

Municipality

Enter the name of the political subdivision (town, city, village) in which the facility is located, and check box T for town, V for village or C for city to describe the type of municipality.

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. recreational vehicle parks, campsites 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. Migrant labor camps, temporary residences and labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.

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 two digit number and write the name that best describes the main or principal operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult with the health department that issues your permit or see examples in the "operations under this registration section."

- | | |
|---|--|
| 01 Developmentally Disabled Children's Overnight Camp | 46 Temporary Residence Exterior Corridor - Two Story |
| 07 Children's Overnight Camp | 47 Temporary Residence Exterior Corridor - Three or More Story |
| 11 Developmentally Disabled Children's Day Camp | 48 Cabin or Bungalow Colony |
| 16 Children's Day Camp | 61 State Owned/Operated Facility* |
| 20 Campground or Recreational Vehicle Park | 62 Day Care Center* |
| 21 Mass Gathering | 71 Swimming Pool, Indoor |
| 31 Migrant Labor Camp | 72 Swimming Pool, Outdoor |
| 32 Mobile Home Park | 73 Swimming Pool, Both |
| 40 Labor Camps other than Migrant | 81 Bathing Beach |
| 41 Temporary Residence Interior Corridor - Single Story | 90 Other (consult with local health department) |
| 42 Temporary Residence Interior Corridor - Two Story | 91 Food Service Subpart 14-1 |
| 43 Temporary Residence Interior Corridor - Three Story | 92 Temporary Food Service Subpart 14-2 |
| 44 Temporary Residence Interior Corridor - Four or More Story | 94 Mobile Food Service - Subpart 14-4 |
| 45 Temporary Residence Exterior Corridor - Single Story | 95 Vending Machine Food Service - Subpart 14-5 |

*These facilities do not require a permit but must comply with all other provisions of the State Sanitary Code.

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 principal 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 73 (swimming pool both) 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.) 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, 1994 is 06/01). If the operation is year-round, enter 01/01 of reopening 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 A.M. or P.M. 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 number of the legal operator.

Employer Identification/Social Security Number

Enter the operation entity's employer identification number or social security number.

Name of Owner

Enter the name of the owner of 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 operator.

Section C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC, Facility Type 92.

Section D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC, Facility Type 94.

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 for the type s of food(s) and/or beverages to be served.

Section E: Complete only for food/beverage vending machines regulated under Subpart 14-4 NYSSC, facility Type 94.

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 Corporate Officers

If the 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 the insurance carrier, policy numbers and expiration date of both the workers' compensation and/or disability insurance provided by the operator or, if exempt, check the box that indicates a representative of New York State Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

Section H:

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name and title in the space provided.

Failure to sign the form may delay issuance of your permit to operate. Operation with out a valid permit is a violation of the State Sanitary Code and is punishable by fines.

Section I:

To be completed by the local health department.

Home Processors

Section 276.3 of the New York State Agriculture and Markets regulations states in part that “**Home processed food ...shall mean any food processed in a private home or residence using only the ordinary kitchen facilities of that home... but shall exclude potentially hazardous foods....**” (*Commercial equipment is not considered ordinary kitchen facilities.*)

Processors of home processed food who sell or offer for sale such foods may be exempted from the licensing requirements of Article 20-C, provided that the following conditions are met:

1. All finished product containers are clean, sanitary and properly labeled
2. All home processed foods produced under this exemption are neither adulterated nor misbranded
3. Glass containers for jams, jellies, marmalades, and similar products are provided with suitable rigid metal covers

In order to protect public health and minimize the potential of food product adulteration, this exemption is restricted to a limited number of nonhazardous home processed foods including the following.

(PLEASE NOTE: *Some exotic or unusual product fermentation of the following products may result in their being categorized as potentially hazardous and, therefore, not amenable to licensing exemption)*

1. Bakery products for wholesale sales, i.e., bread, rolls, cookies, brownies, fudge, double-crust fruit pies and cakes require no refrigeration
2. Jams, jellies, marmalades, or similar products
3. Candy (*not chocolate*)
4. Spices or herbs
5. Snack items such as popcorn, caramel corn, and peanut brittle

NOTE: *A review and approval of processing procedures by a recognized processing authority may be required before an exemption to manufacture certain acid products (i.e., herbal vinegar, salad dressing) is granted. Such reviews will be noted on the inspection report.*

Home processors whose residences contain separate segregated facilities for food processing, while not qualifying for a home processor exemption, may apply for licensing under Article 20-C. In any event, operators are advised to consult with local zoning officials before commencing any food processing operations.

The exemption relates only to Article 20-C licensing. The exempt firm will be subject to inspection by the Department of Agriculture and Markets. For more detailed information, please contact the nearest regional office.

REGIONAL OFFICES

ALBANY

(518) 457-5459

SYRACUSE

(315) 487-0852

ROCHESTER

(716) 427-0200

BUFFALO

(716) 847-3185

NEW YORK CITY

(718) 722-2877

City of Ithaca

310 West Green Street
Ithaca, New York 14850

OFFICE OF
TEL (607) 272-1234

FIRE CHIEF
272-2793

FAX (607)

FOOD SERVICE PERMITS

City of Ithaca Code section 181-9 authorizes food service permits from the Ithaca Fire Department to be required to regulate the use of fuels used for cooking appliances under certain conditions. Liquid petroleum gas (LPG) fueled appliances and appliances utilizing solid fuel are normally regulated by this section. This does not apply to individual use at a residence. It does apply to commercial use in public places and/or where persons may gather in large numbers.

Permit fees are required for these permits. For food service type applications, based upon a \$28.00 hourly rate, the minimum fees for temporary permits are:

- for a single site (i.e., concession stand) \$14.00
- for multiple sites \$14.00 per site

The fees charged could be more if an extended period of time is required to review, process, inspect, or otherwise manage the permit by the Fire Department.

Regulations for these permits are included on the application form. A requirement not noted on the form is that if grills or other appliances are located under a tent, awning, fly or other covering, the material must be flame retardant, with a certification of same available on site.

The permit is a two stage process consisting of an office review and a site inspection. The permit is only valid after successful completion of the site inspection. The permit is revocable for cause.

Any questions regarding the permit requirements should be made to the Fire Chief's office at 272-1234.

**ITHACA FIRE DEPARTMENT
FIRE PREVENTION BUREAU**

607-272-1234

**310 WEST GREEN STREET
ITHACA, NY 14850**

TEMPORARY LPG (PROPANE) USE PERMIT APPLICATION (FOOD SERVICE)

The temporary use of LPG gas for food service use is regulated under the provisions of the City of Ithaca Municipal Code. Requirements are as follows:

- Maximum cylinder size: confined space - 20 lb.; open space - 100lb.;
- Maximum number of cylinders permitted on site: 1 per appliance;
- Cylinders must be secured against upset;
- A fire extinguisher with no less than a 5 B:C rating must be provided;
- No installations may be left unattended;
- All cooking/heating equipment shall be located so as to prevent ignition of adjacent combustibles;
- All connections and piping shall be made and maintained in a safe manner.
- Cylinders of less than 2.5 lbs in weight are not regulated

APPLICANT - PLEASE FILL OUT THIS PART

NAME/ORGANIZATION _____ **PHONE#** _____

ADDRESS _____

DATE(S) OF EVENT _____ **HOURS OF OPERATION** _____

LOCATION(S) OF EQUIPMENT (ADDRESS) _____

NO./TYPE OF APLIANCES _____

PRINTED NAME OF APPLICANT _____

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS LISTED
ABOVE AND THAT I WILL ASSUME RESPONSIBILITY FOR COMPLYING WITH SAME.**

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR FIRE DEPARTMENT USE

DATE APPLICATION REC'D _____ **BY** _____

APPLICATION IS:

_____ **APPROVED** _____ **DISAPPROVED** _____ **FOR THE PERIOD** _____

SITE APPROVAL INSPECTION ON _____ **(DATE), AT** _____ **HRS**

BY _____

CYLINDER(S): SIZE _____ **QUANTITY** _____

DOES INSTALLATION CONFORM TO APPROVED PLANS? _____

PERMIT ISSUED BY: _____ **DATE** _____

**NYS DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
1 WINNERS CIRCLE, ALBANY, NY 12235**

SANITIZING SOLUTIONS

**THE FOOD CONTACT SURFACES OF ALL EQUIPMENT AND UTENSILS
MUST BE SANITIZED BY ONE OF THE FOLLOWING METHODS:**

IMMERSION

**EQUIPMENT MUST BE SOAKED FOR AT LEAST ONE MINUTE IN A CLEAN
SOLUTION OF AT LEAST 75 DEGREES FARENHEIT CONTAINING EITHER:**

50 PARTS PER MILLION (PPM) CHLORINE

OR

***150 - 400 PARTS PER MILLION OF A
QUARTERNARY AMMONIUM COMPOUND**

OR

12.5 PARTS PER MILLION OF AN IODINE SOLUTION

RINSING - SPRAYING - SWABBING

**RINSING, SPRAYING OR SWABBING OF EQUIPMENT REQUIRES
TWICE THE STRENGTH OF CHLORINE SOLUTIONS (100 PPM)
AND IODINE SOLUTIONS (25 PPM)**

**CHLORINE SOLUTIONS SHALL NOT EXCEED 200 PPM.
IODINE SOLUTIONS SHALL NOT EXCEED 25 PPM.**

***A TEST KIT OR OTHER DEVICE THAT MEASURES THE PARTS PER MILLION
CONCENTRATION OF THESE SOLUTIONS MUST BE PROVIDED AND USED.***

***DEPENDING ON THE BRAND. REFER TO THE PRODUCT LABEL OR THE NYS A&M RETAIL FOOD STORE REGULATIONS**

**NYS DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
1 WINNERS CIRCLE, ALBANY, NY 12235**

SAFE FOOD HOLDING TEMPERATURES

**FOOD REQUIRING REFRIGERATION MUST BE HELD AT AN
INTERNAL TEMPERATURE OF:**

LESS THAN 45 DEGREES FARENHEIT

FROZEN FOODS MUST BE HELD AT:

LESS THAN ZERO DEGREES FARENHEIT

**HOT FOODS MUST BE HELD AT AN INTERNAL
TEMPERATURE OF:**

140 DEGREES FARENHEIT OR HIGHER

**POTENTIALLY HAZARDOUS FOODS MAY BE DISPLAYED
AT TEMPERATURES OTHER THAN THOSE NOTED ABOVE IF
ALL OF THE FOLLOWING REQUIREMENTS ARE MET:**

**THE TOTAL PREPARATION AND DISPLAY TIME
DOES NOT EXCEED TWO HOURS**

AND

**AFTER TWO HOURS THE REMAINING PRODUCT
MUST BE DISCARDED**

AND

**A RECORD MUST BE KEPT WHICH IDENTIFIES THE TIME DURING
WHICH THESE PRODUCTS HAVE BEEN DISPLAYED. THE AMOUNT
OF PRODUCT DISCARDED SHOULD ALSO BE RECORDED.**

**THE TIME OF DISPLAY MAY BE MARKED ON PRODUCT PACKAGING
AS A FORM OF RECORD KEEPING**

**NYS DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
1 WINNERS CIRCLE, ALBANY, NY 12235**

THE PROPER USE OF SANITARY GLOVES

**IF SANITARY GLOVES ARE WORN WHILE CONDUCTING THE
FOLLOWING TASKS THEY MUST BE REMOVED AND DISPOSED OF
PRIOR TO HANDLING ANY READY-TO-EAT-FOOD**

**HANDLING RAW FOODS
HANDLING PACKAGED OR CANNED FOODS
WRITING OR USING A TELEPHONE
ROUTINE MAINTENANCE SUCH AS-
CLEANING/SWEEPING/MOPPING
GARBAGE/TRASH REMOVAL
SERVICING EQUIPMENT**

SANITARY GLOVES MUST BE REMOVED AND DISPOSED OF IF YOU-

**COUGH/SNEEZE
TOUCH YOUR HAIR OR ANY PART OF YOUR FACE
USE THE REST ROOM**

**SANITARY GLOVES ARE NOT REUSABLE AFTER THEY
ARE TAKEN OFF**

**HANDS MUST ALWAYS BE THOROUGHLY WASHED PRIOR
TO PUTTING ON SANITARY GLOVES**

**EVEN WITH THE USE OF SANITARY GLOVES PROPER
HAND WASHING MUST ALWAYS BE CONSIDERED THE
PRIMARY DEFENSE AGAINST FOOD BORNE DISEASE**

The following members should be acknowledged for their efforts in completing this pamphlet:

*Peggy Aker
Mary Goncharovs
Neil Swartzbach
Catherine Martinez
Walter Moora
Susie Gutierrez*

This pamphlet was compiled in the winter and spring of 1998.

These applications serve as examples. Applications may change from year to year.