Permit to Operate Application

Niagara County Department of Health

Business / Location Information

Business Name _____

Address _____ **Business Phone** _____

_____ **Business Fax** _____

Location _____ **Business Website** _____

County *NIAGARA* **Business Email** _____

Operator Mailing Address:

Permit Number

Permit Expiration Date

Total Fee Due $

Permitted Operation

Type of Establishment: **Operation ID:**

In Operation: ☐ Year-Round ☐ Seasonal **If Seasonal:** Expected Opening Date _____ (Month/Day) Expected Closing Date _____ (Month/Day)

Capacity: _____ Days/Hours of Operation: _____ / _____

Permit Applicant Information

Legal Operator or Operating Corporation:

Person in Charge _____ Title _____ First _____ MI _____ Last

Operator Address _____

City, State, Zip _____ *NY* _____

Primary Phone _____ Ext _____ ☐ Cell Fax _____ *Emergency Contact* ☐

Other Phone _____ Ext _____ ☐ Cell E-mail _____

Location Owner: _____

Address _____

City, State, Zip _____ *NY* _____

Primary Phone _____ Ext _____ ☐ Cell Fax _____ *Emergency Contact* ☐

Other Phone _____ Ext _____ ☐ Cell E-mail _____

Workers' Compensation and Disability Insurance

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 is 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 Benefits

DB-120.1 - Certificate of Disability Benefits **OR**

Form DB-155 – Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage is NOT PROVIDED

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Return Completed Application

Please return completed application to:

Make checks payable to "Niagara County Department of Health" and include the permit number.

Niagara County Department of Health
Environmental Health Division
55 Stevens Street
Lockport NY 14094

Phone: (716) 439-7444 Fax: (716) 439-7427

Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.)

I would like to receive information and official correspondence related to this permit at the email address below: (Yes No)

_____ @ _____

"Operation without a valid permit is a violation of New York State Law and/or State Sanitary Code."

Signature _____

Print Name _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? ☐ Yes ☐ No Permit Effective Date _____ Permit Expiration Date _____

Conditions of approval _____

_____

_____

_____

_____

Signature _____ Title _____ Date _____