

Kenneth W. Jenkins
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S.
Commissioner

NOTICE TO APPLICANTS: ORIGINAL PERMIT TO OPERATE MOBILE FOOD SERVICE UNIT

Provisions of the Westchester County and New York State Sanitary Codes require that a permit be obtained from this Department **PRIOR TO** the operation of a mobile food unit. Before construction or major renovation of a mobile food unit is undertaken, plans and specifications must be submitted to this Department for review and approval.

To apply, you are required to file the following documents with this Department:

1. Original Application for a Permit to Operate

All questions must be answered and the application must be signed and dated. Please include your email contact information.

2. Application Fee

A **NON-REFUNDABLE** application fee for a mobile food unit is as follows:

MOBILE FOOD UNIT \$320.00
FROZEN DESSERT ENDORSEMENT \$25.00

Payment can be accepted in the form of Certified Check, Money Order, or Credit Card by using the Credit Card Authorization Form. Cash payments are **NOT** accepted.

Please make certified checks or money orders payable to:

WESTCHESTER COUNTY HEALTH DEPARTMENT

3. Provide Workers' Compensation & Disability Insurance

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits must provide the following forms to the government entity issuing the permit:

CE-200 -- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. This form can be found at www.wcb.ny.gov
For technical support, contact 518-485-5000.

FOR WORKERS' COMPENSATION- ACORD FORM NOT ACCEPTED

C-105.2 -- Certificate of Workers' Compensation Insurance, **OR**

U-26.3-- State Insurance Fund; **OR**

SI-12 -- Certificate of Workers' Compensation Self-Insurance; **OR**

GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance

FOR DISABILITY BENEFITS

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

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

Any questions concerning the forms or procedure should be directed to the local NYS Workers' Compensation Board Office or the Bureau of Compliance, NYS Workers' Compensation Board at 877-632-4996.

4. Corporate Ownership

If ownership of the business is a corporation, you must file the enclosed "Certificate of Resolution". The person who signs the Original Application *must be* the same person named and authorized in the Certificate of Resolution. A corporate seal is not required.

5. Commissary Agreement & Copy of Commissary Permit

All mobile food units must be serviced by a mobile food unit commissary. The commissary agreement must be completed and a copy of the commissary permit must be provided.

Pursuant to New York State Sanitary Code, Subpart 14-4.95 (b) and 14-4.31 (b), all Mobile Food Units must obtain all food supplies from a licensed commissary. A commissary is defined as an establishment operated under license or permit of an appropriate regulatory authority where food is manufactured, stored, prepared, portioned or packaged, or any combination of these where such food is intended for consumption elsewhere. It is also the place which is used as the base of operations for one or more mobile food service vehicles or pushcarts, where such units are serviced, cleaned, supplied and maintained and where equipment, utensils and facilities are serviced, cleaned and sanitized.

Mobile food units and pushcart operators are advised that all foods are to be obtained from and an approved commissary.

A commissary under the jurisdiction of the Westchester County Health Department must be permitted as such and have a commissary endorsement listed on the Permit to Operate.

6. Mobile Food Unit Route/Event Location Agreement

All mobile food units must complete the agreement and submit it with the application package in order to be considered for a permit to operate.

7. Mobile Food Unit Endorsement on Food Service Permit

If the legal operator of a mobile food unit is the same legal operator of a food service establishment, the mobile food unit can be added to the food service establishment's permit. Provide a copy of the food service permit.

8. Menu

Provide a copy of the current menu/foods offered for sale.

Refer all questions about protocols and procedures to:

**Westchester County Health Department
Bureau of Public Health Protection
11 Martine Avenue, 12th Floor
White Plains, NY 10606
914-864-7330
DOH-BPHP@westchestercountyny.gov**

NOTICE TO MOBILE FOOD OPERATORS COMMISSARY AND VEHICLE STORAGE REQUIREMENTS FOR ALL MOBILE FOOD UNITS

In accordance with New York State Sanitary Code Chapter 1, Subpart 14-4, mobile food units and push carts are required to be serviced at a commissary. All food that is not prepared on the unit itself must be prepared and stored at a licensed commissary. Operating out of a private residence is a violation of the sanitary code. All mobile food units are advised of the following:

14-4.95 Commissaries.

(a) All mobile food service establishments and pushcarts are to be serviced only at a commissary operated under a valid permit issued under Subpart 14-1 of this Part or operated under license or permit of an appropriate regulatory authority at a frequency necessary to maintain the sanitary conditions of the mobile unit or pushcart, and in any event at least daily for pushcarts and every 72 hours for mobile food service establishments.

(b) All food served by mobile food service establishments and pushcarts is to be obtained from its commissary or other source meeting the requirements of section 14-1.31 of this Part.

14-4.31 Definition of Food Processing Establishment and Commissary.

(a) A food processing establishment is a commercial establishment operated under license or permit of an appropriate regulatory authority where food is manufactured or packaged for human consumption at another establishment or place.

(b) A mobile food service establishment commissary is an establishment operated under license or permit of an appropriate regulatory authority where food is manufactured, stored, prepared, portioned or packaged, or any combination of these, where such food is intended for consumption at another establishment or place. It is also the place which is used as the base of operations for one or more mobile food service establishments or pushcarts, where such unit or units are serviced, cleaned, supplied, maintained, and where the equipment, utensils and facilities are serviced, cleaned and sanitized.

The permittee must maintain a copy of their commissary agreement on the mobile food unit at all times of operation and make it available for inspection. The agreement shall include but is not limited to:

- 1) Storage of the unit and foods
- 2) Cleaning and sanitizing of the unit, equipment and utensils
- 3) Disposing of refuse, liquid and solid waste generated by the operation of the unit
- 4) Amount of potable water supplied
- 5) Foods provided, including those prepared and prepackaged at the commissary
- 6) Nonfood items supplied by the commissary

Failure to comply with the above may result in the suspension of your permit to operate by this department.

As a reminder:

Every mobile food unit shall have posted clearly, at all times, on both sides of the outside of the mobile food unit in letters and numbers **not less than 4 inches in height and 1 1/2 inches in width**, the name and address of the person or persons who owns, leases or operates the business of the mobile food unit, and the department permit number.

The entire Mobile Food Unit Code can be accessed online at:

<https://regs.health.ny.gov/volume-title-10/1766110734/subpart-14-4-mobile-food-service-establishments-and-pushcarts>

PUSHCARTS – Hot Dogs Only

- Camper sink or sanitizing wipes
- Sanitizing solution
- Food to be purchased daily from approved source
- Leftovers to be discarded or stored in licensed MFU commissary

ICE CREAM VEHICLE OR VEHICLE DISPENSING ONLY COMMERCIALY PREPARED, PURCHASED AND PACKAGED FOODS

- Camper sink or sanitizing wipes
- Sanitizing solution
- Foods to be obtained and stored at a licensed MFU commissary

CALIFORNIA STYLE VEHICLE

- Camper sink or sanitizing wipes
- Sanitizing solution
- Foods to be obtained and stored at a licensed MFU commissary

HOT DOG TRUCKS

- Minimum of 15-gallon potable water supply.
- Hot and cold running water plumbed to single compartment sink.
- Self-contained wastewater holding tank 15% greater capacity than supply (ex. 18-gallon waste for 15-gallon supply).
- Sanitizing solution on vehicle.
- Ice refrigeration acceptable.
- Foods to be obtained and stored at a licensed MFU commissary. Wastewater to be disposed in sanitary sewer at MFU commissary. Receipts to be maintained for wastewater disposal.

MFU SERVING POTENTIALLY HAZARDOUS FOODS BEYOND HOT DOGS

- Minimum of 40-gallon potable water supply.
- Hot and cold running water plumbed to three compartment sink.
- Self-contained wastewater holding tank 15% greater capacity than supply (ex. 46-gallon waste for 40-gallon supply).
- Mechanical refrigeration.
- Foods to be obtained and stored at a licensed MFU commissary. Wastewater to be disposed in sanitary sewer at MFU commissary. Receipts to be maintained for wastewater disposal.

Bureau of Public Health Protection
APPLICATION FOR ORIGINAL MOBILE FOOD UNIT PERMIT
(Please print clearly or type)

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate or maintain a business involving the following (check one or more as appropriate):

MOBILE FOOD UNIT \$320.00

MOBILE FOOD UNIT FROZEN DESSERT \$25.00

NEW ESTABLISHMENT UNDER CONSTRUCTION: _____
EXISTING FACILITY CHANGE OF OWNERSHIP: _____
PREVIOUS FACILITY NAME OR PERMIT NUMBER _____

1. NAME OF ESTABLISHMENT _____ PHONE _____

ADDRESS _____

Town, Village, or City State Zip Code

NAME & MAILING ADDRESS _____
IF DIFFERENT FROM ESTABLISHMENT _____

PROVIDE CORPORATION, LLC, PARTNERSHIP INFO BELOW

2. OWNER'S NAME _____ PHONE _____

ADDRESS _____

Town, Village, City State Zip Code

3. TYPE OF OWNERSHIP:

Individual

Partnership

Corporation MUST FILE CERTIFICATE OF RESOLUTION FOR AUTHORIZATION

Unincorporated Association MUST FILE CERTIFICATE OF RESOLUTION FOR AUTHORIZATION

Municipality

Limited Liability Company (LLC)

CORPORATION OFFICERS, PARTNERS, or LLC MEMBERS

Name and Title:

Home Address:

4. PROOF of WORKERS' COMPENSATION & DISABILITY INSURANCE: **ACORD FORM NOT ACCEPTED**
Please provide proper documentation of Workers' Compensation and Disability Coverage explained on cover sheet. **OR** NYS EXEMPTION Form CE-200, stating that such coverage is not required.
5. OPERATION INFORMATION
- i) Normal Business Hours: _____
 - ii) Days of week establishment is **CLOSED**: _____
 - iii) Seasonal operations – Start and End Dates: _____
 - iv) Number of food preparation employees (including owner): _____
 - v) Total number of employees (include owner if full time worker): _____
6. TYPE OF MOBILE FOOD UNIT: _____
7. FOOD ITEMS TO BE SOLD: _____

REQUIRED E-MAIL ADDRESS: _____

SECOND EMAIL ADDRESS: _____

I agree to comply with the requirements of the Westchester County Sanitary Code and the New York State Sanitary Code.

I agree to permit the taking by a duly authorized representative of the Westchester County Health Department of samples of ingredients, food, equipment, utensils, containers, or any substance on premises or in possession and used in food handling.

AUTHORIZED SIGNATURE _____

NAME (Print or Type) _____

DATE _____ TITLE _____

Section 5 of the New York State Tax Law requires that you provide a Federal Employer Identification Number or Social Security Number for tax administration purposes:

FEI or SS # _____

OFFICE USE ONLY:

Date of Inspection _____ Date of Approval _____

Inspector's Signature & Employee Number _____

Permit Conditions _____

Risk Assessment _____

COMMENTS: _____



Annual Mobile Food Unit Route/Event Location Agreement

The Mobile Food Unit owner/operator must provide Westchester County Health Department with contact information that will provide one or more methods of being able to identify the location of operation any day of the week. Methods include: phone, email, website and/or posted calendar, Facebook, Instagram or Twitter account.

This agreement must be renewed and submitted to Westchester County Health Department annually or anytime your operating location changes.

Mobile Food Unit:	Permit #:
Email:	Phone Number:
Website:	Facebook:
Instagram:	Twitter:
Mobile Food Unit Vehicle Identification Number:	
License Plate:	Owner Printed Name:
Vehicle/Trailer Year:	Owner Signature:
Vehicle/Trailer Make and Model:	Date:

Locations and/or Event Information:

Address including city and zip code:	Days:	Time:



COMMISSARY AGREEMENT

This document is a condition of the operating permit and is subject to approval by Westchester County Health Department. Changing or cancelling this document may result in closure of the Mobile Food Unit until a new document is secured, submitted and approved. This document is not transferable.

Name of Mobile Food Unit Using Commissary:	
Mobile Food Unit Email:	Phone Number:
Mobile Food Unit Owner Signature:	Permit #:
Mobile Food Unit Owner Printed Name:	Date:
Mobile Food Unit Vehicle Identification Number:	License Plate:
Name of Commissary Facility:	
Commissary Email:	Phone Number:
Commissary Facility Address:	City/Zip:
Commissary Owner Signature:	Permit #:
Commissary Owner Printed Name:	Date:

The commissary kitchen owner agrees to provide use of their facility as listed below:

Indicate applicable days and times of use:

Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____
 Sunday _____

Commissary Amenities to be used. **Mark all that apply:**

- | | |
|-----------------------|-------------------|
| Hand Wash Sink | Refrigeration |
| Potable Water | Ice Machine |
| 3-Compartment Sink | Freezer Space |
| Wastewater Disposal | Overnight Storage |
| Food Preparation Sink | Preparation Space |
| Garbage Disposal | Electrical Hookup |
| Mop Sink | Dry Storage Space |
| Restroom Access | |

Other: _____

**CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION**

The undersigned, _____ of__

Name of Corporation _____, a corporation

Duly organized and validly existing under the laws of (State) _____

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the _____ day of _____ 20 _____

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation) _____

With Offices at: _____

Hereby authorized (Name if person authorized): _____

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for : _____

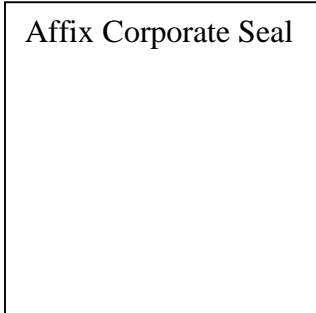
To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate on this _____ day of _____, 20 _____.

OFFICER'S SIGNATURE: _____

TITLE: _____



ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____): ss:

One this _____ day of _____, 20 _____, before me personally came _____ of _____ the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____ of said corporation and that (s)he signed his/her name thereto.

Notary Public

County

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Kenneth W. Jenkins
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Sherlita Amler, MD
Commissioner

Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Health to make a one-time charge to your credit card listed below.

By signing this form, you give this department permission to debit your account for the amount indicated, on or after the date this form is submitted to The Westchester County Department of Health.

Please Complete the Information Below

By signing below, I, _____, authorize the Westchester County Department of Health to charge my credit card account indicated below for the amount of _____, for the fees associated with the permit to operate a regulated facility.

Facility Name	Permit # or Plan Submittal	Permit or Plan Fee

<p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>Print Cardholder Name (as it appears on card): _____</p> <p>Account Number: _____ Security Code: _____</p> <p>Expiration Date: _____ Account Billing Zip Code: _____</p>
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CARDHOLDER SIGNATURE: _____ DATE: _____

Cardholder acknowledges receipt of goods and/or services in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer. I understand this is a non-refundable fee and if my application is found deficient or questionable in any way, it will cause a delay in the permit approval process.