ORANGE COUNTY DEPARTMENT OF HEALTH – Division of Environmental Health
124 Main Street – 3rd Floor, Goshen, NY 10924, Telephone: 845-291-2331
Email: EnvHealth@orangecountygov.com, Website: www.orangecountygov.com

FOR OFFICE USE ONLY
F#_____
P#_____
OP#_____

General Permit Application

Name of Establishment: (DBA- Name you will have on the sign/ menu/ advertisements)

Reason for Application: ☐ New Operator Taking Over ☐ Name Change- DBA or Corp- Same Operator ☐ New Type of Business – at Facility never permitted by OC* (Plan Review Req.)

Type of Business: ☐ Commercial (for Profit) ☐ Non-commercial/Non-profit

Facility Served by? ☐ Well ☐ Public/Municipal water ☐ Septic ☐ Public Sewer

****What is your Primary Operation?** (Check one)
Temporary Residence (ie Hotel)-# of Rms _____
☐ Agricultural Fairground
☐ Mobile Home Park- # of Sites _____
☐ Campground - # of Sites _____
☐ Beach- # of Swimmers _____
☐ Spray Ground- Capacity _____
☐ Migrant Farmworker Housing- # of People _____
☐ Children's Camp ☐ Day/☐ Overnight- Capacity_____

What are your Secondary Operations, not for general public use?
How many?
_____ Food Service Establishment(s)*- # of Seats _____
_____ Beach(es)- # of Swimmers _____
_____ Indoor Pool(s)- # of Swimmers _____
_____ Outdoor Pool(s)- # of Swimmers _____
_____ Spa(s) - Capacity _____

Year-Round?	Expected Opening Date:	If Seasonal- Closing Date:	Days/ Hours of Operation:	Food Service manufactures Frozen Dessert* (Soft-serve ice cream, snow cones, slush puppies etc.)?
Yes ☐ No ☐				Yes ☐ -Additional $25 fee No ☐

Establishment Location and Contact Information

Former Name: (if applicable)			
Physical Address:	Street Address	Unit #	Required for multi-use buildings
	City	State	ZIP Code
Facility Phone #:		**Facility Email:**	

Operator Information

Name of Operating Entity (Business or individual):

Type of Operating Entity: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Association

Contact Person(s) (If not listed above):				
MAILING Address:	Street Address		Unit #	
	City	State	ZIP Code	
1st Phone #:		☐ Office	☐ Cell	☐ Home
2nd Phone #:		☐ Office	☐ Cell	☐ Home
Operator Email Addr: (REQUIRED)				

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Fee Schedule

Commercial / For-Profit Fees -

Application Fees are required for all **Commercial Businesses** – see Fee Schedule on Page 3 – *Please call our office if you are unsure of the fee.*

Non-Commercial / Non-Profit Fees-

- Pay only $25 frozen dessert fee and/or expediting fees** ($200 or $100) required, if applicable

****Expediting**- ***available with approval- call to discuss***

- review/processing within 5 business days - Additional $100 fee
- review/processing within 2 business days - Additional $200 fee

If approved, the entire payment (including application fees) must be paid with cash, bank certified check or money order.

How to Pay Application Fee-

Acceptable types of payment:

- **Cash**- exact amount only, no change available
- **Credit Cards**- *only accepted in person at our office at this time*
- **Personal Checks-** only *If not expediting*
- **Certified Bank Checks or Money Orders**
  - Make checks/MOs payable to: **ORANGE COUNTY DEPARTMENT OF HEALTH** or **OCDOH**

Applications are not accepted without payment.
Therefore, *Commercial Applications are not accepted through email*.

The following items can be emailed to OCDOH at EnvHealth@OrangeCountyGov.com

- *Non*-commercial/*Non-profit* Applications and supporting documents
- Proof of Insurance or exemption (see requirement below)

Workers Compensation and Disability Insurance Coverage REQUIREMENT

Must be completed by all applicants

Check the appropriate lines and submit copies of the appropriate documentation with the application to document compliance with the Workers' Compensation Law:

A. Workers' Compensation and Disability Insurance Coverage **Provided**

Workers' Compensation

____ Form C-105.2	- Certificate of Workers' Compensation Insurance (From your insurance carrier)	**OR**
____ Form U-26.3	- Certificate of Workers' Compensation Insurance (From the State Insurance Fund)	**OR**
____ Form SI-12	- Certificate of Workers' Compensation Self Insurance	**OR**
____ Form GSI-105.2	- Certificate of Participation in Workers' Compensation Group Self Insurance	

AND

Disability Insurance

____ Form DB 120.1	-Certificate of Disability Benefits (From your insurance carrier	**OR**
____ Form DB 155	-Certificate of Disability Self Insurance	

B. Workers' Compensation and Disability Insurance Coverage **NOT PROVIDED**

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

APPLICATIONS WILL NOT BE PROCESSED NOR A PERMIT ISSUED WITHOUT WC/DB DOCUMENTATION

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Print Name of Legal Operator: _____ Title: _____
Printed

Operator's Signature: _____ Date: _____

For EH Office Use Only:
Permit Expiration _____ Issued By: _____

ABRIDGED PERMIT APPLICATION FEE SCHEDULE- JUST FOR GENERAL APPLICATION

ANNUAL PERMITS (Unless noted otherwise) : Payment must be made by check, money order, or cash (in exact amount, change not available). Credit card payments are now available, *but only IN PERSON at our office*. If any expedited processing is being requested entire payment (regular fee plus additional fee for expediting) must be made by Cash, Credit Card, Certified Check, or Money Order.

- **Temporary Residences- Hotels, Motels, Bungalow Colonies**..... .....10-25 People.....$250.00
  -Rooms calculated as minimum of Double Occupancy 26-50 People.....$300.00
  >50 People..... $400.00

- **Campsites & Mobile Home Parks**..... 5-25 Sites..... $250.00
  26-50 Sites..... $300.00
  >50 Sites..... $400.00

- **Bathing Beaches & Spray Grounds** – Per Facility.....$250.00

  - **Fees for Secondary (Non-primary) operations at any of the above Facilities:**

    Additional Fee Per Swimming Facility (Not Public*)..... $200.00
    Additional Fee Per Food Service Facility (Not Public*)..... $200.00
    Retail Frozen Dessert Operation at Food Service.....addt. $25.00

  **Primary** Pools and Food Services- open to the general public- require an additional application

- **Migrant Farmworker Housing**..... 5-50 People.....$200.00
  >50 People.....$300.00

- **Children's Camps**.....$250.00
  -Pools, Beaches and Food Services only used by Campers are included in this fee

PLEASE NOTE-

1. **Other than a Frozen Dessert operation, fees do not apply to *non-commercial operations* (municipal, religious, or charitable) unless another party is funding the operation (see exception below for expedited processing).**

2. ***Expediting needs to be approved and will not be considered without a complete application*. Permit Applications needing or requesting expedited review/processing have additional fees, *including those normally exempt from fees*. Plan Reviews cannot be expedited. Full fee, including regular fee, must be paid in cash or money order.**

   a. **Approved expedited processing within 5 business days of our receipt shall be subject to an additional $100 expedited processing fee added to the regular fee;**

   b. **Approved expedited processing within 2 business days of our receipt shall be subject to an additional $200 expedited processing fee added to the regular fee.**

3. **Secondary (non-primary) operations are operations which are used solely by the guests of the Primary operation, such as a pool only used by hotel guests. If an operation is open to the public, it is a Primary Operation and requires a separate application and its own permit.**