

APPLICATION FOR FOOD PROCESSING ESTABLISHMENT LICENSE – ARTICLE 20-C

NYS Department of Agriculture and Markets
 Attn: Food Safety License Unit
 10B Airline Drive, Albany, New York 12235

LICENSE FEE: \$400.00

| |
|--|
| PROJECTED OPENING DATE: ___ / ___ / ___ |
|--|

| Office Use Only | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| County Code- Est. No. | | | | | | | | | |
| | | | | | | | | | |
| Entity No. _____ | | | | | | | | | |
| Receipt No. _____ | | | | | | | | | |
| Verification No. _____ | | | | | | | | | |

INSTRUCTIONS

Read and complete both sides of this application.

An original signature of owner or corporate officer is required in Section (8).

This application is only for those establishments that prepare or process food at the location listed below. Inspections are scheduled after applications are received and reviewed. No license will be issued until an establishment receives a satisfactory inspection.

| | | | |
|---|-------|---------------------------------------|------|
| (1) Individual Owner Name, Partnership (name all partners) or Full Name of the Corporation: | | County: | |
| Trade Name: | | Business Telephone Number: () | |
| Processing Facility Address | | | |
| Street: | City: | State: | Zip: |
| E-mail Address: | | Bank Name: | |

(2) Optional Mailing Address:

| | | | |
|---------|-------|--------|------|
| Street: | City: | State: | Zip: |
|---------|-------|--------|------|

(3) Identification Number:

| | | |
|--------------------------|------------------|-------------------------------|
| Federal ID Number: _____ | <u>OR</u> | Social Security Number: _____ |
|--------------------------|------------------|-------------------------------|

(4) Please list sole proprietors and all officers of a corporation or cooperative. If applicant is a partnership, LLC or LLP, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary).

| Name (Please Print) | Title | Contact Address (Street & No., City, State, Zip) E-Mail address | Date of Birth |
|---------------------|-------|--|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

(4a.) Principal Office Address: _____

(4b.) In what state incorporated? _____ **(4c.)** Date of Incorporation _____

(4d.) Are you a foreign or out-of-New-York-state individual, partnership, or corporation? (Check One) Yes No

(4e.) For foreign or out-of-New-York-state corporations:
 Date of filing in New York State? _____

(4f.) If out-of-New-York-state, the applicant agrees to accept service of process by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.

Designated: _____ Address: _____

(PLEASE COMPLETE REVERSE SIDE)

(5) List all food preparation or processing activities and the food prepared or processed at this location to be covered by this license. For example: cook or heat foods, grind meats, slice cold cuts, cheese, fish, fruit, etc., cappuccino machine, repack ready-to-eat foods or ice.

(6) Retail Food Stores applying for food processing establishment licenses must submit a copy of its certificate indicating that an individual in a position of management or control assigned to the store has successfully completed an approved Food Safety Course. A list of approved courses can be found on the Department website.

The following retail food stores are exempt from this requirement.

- a. Food stores that have as its only full-time employees the owner or the parent, spouse or child of the owner, or in addition not more than two full-time employees.
- b. Food stores that had an annual gross income of less than \$3 million in the previous calendar year, excluding petroleum products, unless the food store is part of a network of subsidiaries, affiliates or other member stores, under direct or indirect control, which, as a group, had annual gross sales of the previous calendar year of \$3 million or more.

Check one of the following:

_____ An exemption from this requirement is requested for the following reason(s) _____

_____ A copy of our Certificate is enclosed with this application

(7) Workers Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers Compensation Insurance (WCI). Indicate your WCI status:

Insured with _____
Name of Insurance Provider

Self Insured

Exempt from WCI

(8) The undersigned applies for a license pursuant to Article 20-C of the Agriculture and Markets Law of the State of New York to conduct the food processing operations listed above, at this location only. New or additional food processing activities are to be reported to this Department for approval prior to the start of the processing operation.

Any false statements made, in addition to being the possible basis for a revocation on any license issued as a result of this application, may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York.

NOTE: Your application for a license is subject to denial and/or revocation, if, after a hearing, it is determined that the applicant, licensee, officer, director, partner or share/stockholder, has been convicted of, or has pled guilty to, a felony in any court of the United States or any State or territory thereof, with respect to an offense involving; food safety, food adulteration or food misbranding.

****PLEASE ENSURE ALL QUESTIONS AND FIELDS ARE ANSWERED/COMPLETED BEFORE PROCEEDING****

Any unanswered questions will result in the **denial** of your application which PROHIBITS you from operating your business in the State of New York. If your application is denied you must complete and re-submit your application **again**. Your original application and check will **not** be returned. Please allow 60 days for application processing and once received **post** your license in a conspicuous place.

Providing your signature below acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of Article 20-C.

| ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER | TITLE | DATE |
|---|-------|------|
| | | |

AUTHORIZATION AND PURPOSE

Disclosure of your federal social security and federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and for any other purpose authorized by the Tax Law. The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if it should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.

If you have questions about the information requested, call (518) 457-7139; e-mail agr.sm.foodlicense@agriculture.ny.gov; or write to: NYS Department of Agriculture and Markets; Attn: Food Safety License Unit; 10B Airline Drive; Albany, NY 12235.



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize The NYS Department of Agriculture and Markets to make a one-time charge to your credit card listed below. Please mail to the address below.

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below :

I _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for **\$400.00**. This payment is for a:

FOOD PROCESSING LICENSE

Billing Address _____ Phone# _____
City _____ State _____ Zip _____
Email _____

| | |
|---|----------------------------|
| Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover | FOR OFFICE USE ONLY |
| Cardholder Name _____ | |
| Account Number _____ | |
| Expiration Date _____ | |
| CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ | |
| | Estab No.: _____ |
| | License No.: _____ |

SIGNATURE _____ **DATE** _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Food Processing License, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.