



# GENESEE COUNTY HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.

3837 West Main St. Rd., Batavia, NY 14020-9406  
Phone (585) 344-2580 ext. 5555  
Fax (585) 344-4713

[www.co.genesee.ny.us/departments/health](http://www.co.genesee.ny.us/departments/health)

Paul A. Pettit, MSL  
Public Health Director

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Deputy Public Health Director

## Recommended Checklist for New or Remodeled Establishments

1. Plan Approval
  - submit application and fees for plan review
  - submit drawings of plan prior to construction
2. Permit / Inspection
  - submit application and fee for permit
  - inspection needed prior to opening
3. Submit Evidence of food safety knowledge and/or food safety training
4. Sinks
  - three bay stainless steel sink with drain boards
  - stainless steel vegetable prep sink with indirect/open drain
  - separate hand sink with liquid soap and paper towels
  - mop sink with back flow prevention valve at water source
5. Refrigeration
  - commercial refrigeration only, no home type coolers
  - shelves must be rust free, no painted shelves, replating may be required
  - thermometers in each unit
6. Shelving
  - no bare wood allowed
  - all shelves & equipment must be 6" off floor or sealed to floor
  - separate toxic chemical storage area
7. Lighting
  - bright enough (30 foot candles) in washing, preparation, storage, cooler areas
  - properly shielded
8. Walls and floors
  - walls must be washable, use enamel or epoxy paint, stainless steel, synthetics
  - floors must be smooth, concrete surface sealed, tile, linoleum, quarry tile recommended
9. Bathrooms
  - soap and paper towels at hand sink
  - doors must be self-closing
10. Exhaust hood with filters
11. Salad bar requires sneeze guard
12. Ice Cream cabinet with dipper well
13. Garbage dumpster must be adequate, leak proof, non-absorbent, vermin proof and covered
14. Doors to outside must be screened and kept closed
15. Plumbing and water supply
  - indirect/open drains on prep sinks, bar ice sinks, ice machines and coolers
  - private water (wells) must be approved by the Health Department, conform to Subpart 5
  - onsite sewage disposal (septic systems) must be approved by the Health Department
  - exterior grease traps are required on new installations
16. Miscellaneous
  - bleach of approved sanitizer
  - stem thermometer (0-220 F)
17. CHECK WITH LOCAL TOWN OR CITY CODE ENFORCEMENT AND FIRE DEPARTMENT

Revised 01/12/2017



Genesee County Health Department  
 3837 West Main Street Road  
 Batavia, NY 14020  
 Phone: 585-344-2580 x5555



Orleans County Health Department  
 14012 Route 31 West  
 Albion, NY 14411  
 Phone: 585-589-3278



## ENVIRONMENTAL HEALTH FEE SCHEDULE

You or your representative have recently requested this Department to provide the service selected below. In order that this service may be provided, please submit this form along with payment in the appropriate amount to this Department at your earliest convenience.

	<b>PAID</b>	
Name/Facility:	Check #	Cash
Facility Address:	Online Payment:	
Mailing Address (If Different):	Credit:	
Phone Number:	Amount:	
Signature:	Received By:	
	Date:	

**FOOD PROTECTION:**

Low Risk	\$ 125 .00
Medium Risk	\$ 175 .00
High Risk	\$ 225 .00
Catering Operations	\$ 225 .00
Mobile Unit (per vehicle)	\$ 100 .00
Temporary (14 days or less)	\$ 30 .00
Multiple Temporary (up to 26 events per year)	\$ 100 .00

**TEMPORARY RESIDENCES, CAMPS AND RECREATION:**

Children's Camp	\$ 200 .00
Hotel/Motel	\$ 150 .00
Campground	\$ 150 .00
Bathing Beach	\$ 150 .00
Swimming Pool	\$ 165 .00
Migrant Labor Camp	\$ 200.00
Mobile Home Park	\$ 150.00

**PRIVATE SEWAGE / WATER**

Well Construction Permit	\$ 25.00
Soil Percolation Test – Site Evaluation	\$ 200 .00
Additional Perc Test	\$ 50 .00
Permit to Construct Onsite Wastewater Treatment System (includes final inspection)	\$ 150 .00
Evaluation of Onsite Wastewater Treatment System (by request for any purpose)	\$ 150 .00
Onsite Wastewater Treatment System Permit Renewal (within 60 days of expiration; same applicant) Onsite Wastewater Treatment System - Tank Only (Replace/Upgrade)	\$ 55 .00
Evaluation of Water System (includes Sanitary Survey, bacteriological sample & analysis) Water	\$ 75 .00
Sample (includes bacteriological sample & analysis) (Resampling)	\$ 30 .00
Additional Water Testing (per test, see Water Sampling packages)	

**OVER**

**ENGINEERING & PLAN REVIEW FEES**

Engineering Report Audit	\$ 100 .00
Individual Residential Onsite Wastewater Treatment System	\$ 150 .00
Commercial/Industrial Onsite Wastewater Treatment System	\$ 200 .00
Campgrounds/RV Parks/MHP Projects	\$ 200 .00
Public Water Supply(Source/Treatment/Distribution/Storage/Modification) Each:	\$ 200 .00
Distribution Additional per mile > 2	\$ 25 .00
Cross Connection Control/RPZ	\$ 150 .00
Swimming Pools/Bathing Beach	\$ 400 .00
Mass Gathering Plan Review Fee	\$ 500 .00
Realty Subdivision (fee per lot)	\$ 25 .00
Food Service Establishment/Mobile Food Service Establishment	\$ 55 .00

**GENERAL**

3rd Party Audit (Including Temporary Housing)	\$ 250.00
Replace Document Fee	\$ 7.50
Smoking Waiver (Annual)	\$ 100 .00
Mass Gathering	\$ 2500 .00
Tanning Facilities	\$ 30 .00
UV Devices @\$50 each	# of UV Devices: \$
Food Safety Manager Certification Exam	# of Registrants: \$ 55.00
Late/Expediting Fee Assessed	\$
Miscellaneous	\$
Total Amount Due	

Late Fees:

1. A late fee of \$100.00 is charged to all permitted facilities that do not remit the application and fee prior to
2. A late fee of \$20.00 is charged to Temporary Food Applications/Multiple Temporary Food Applications received by this office less than 7 days prior to the first date of operation. (\*Exception: Temporary/Multi Temporary Food)
3. An expediting fee of \$100.00 for all new applications for a permit to operate received by this office less than 7 days prior to the first date of operation. (\*Exception: Temporary/Multi Temporary Food)

Facilities/individuals submitting engineered plans for review will be billed the balance of the plan review fee incurred by the department when the bill is received from the Department's Contractual Engineer (balance amounts will vary dependent upon scope and review time of each project).

**Please make checks payable to:  
Genesee County Health Department or Orleans County Health Department**

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## 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 that issues your permit.

## SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

### Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds 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. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

**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 facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

### Facility Types:

#### Agricultural Fairgrounds

#### Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

#### Campground/Recreational Vehicle Park

#### Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

#### Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

#### Mass Gathering

#### Migrant Farm Worker Housing

- Farm Labor Housing

#### Mobile Home Parks

#### Mobile Food

#### Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

#### Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

#### Tanning Facility

#### Temporary Food

#### Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

#### Vending Food Machines

#### State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

**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 primary 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 swimming pool-indoor 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 A. For tanning facilities enter the number of beds and booths. 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 is 06/01). If the operation is year-round, enter 01/01 for opening 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 AM or PM 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 and fax number of the legal operator.

**Employer Identification/Social Security Number:** Enter the **Employer Identification or Social Security Number** of the operator of the facility.

**Email Address and Fax No.:** Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**Name of Owner:** Enter the name of the owner of the 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 the operator.

#### **SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC**

#### **SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC**

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

#### **SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC**

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 Corporation Officers**

If a 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 copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

#### **SECTION H: Signature**

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

**Application for a Permit to Operate**

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

**SECTION A: Facility Information (Entire section must be completed by all applicants.)**

Facility name \_\_\_\_\_

Facility address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_

Municipality \_\_\_\_\_ [T] [V] [C] Capacity [\_\_\_\_\_] Facility Status [ ] Profit [ ] Non-profit

Facility Type [\_\_\_\_\_] Indicate days operation is open S M T W T F S

Expected opening date [ ][ ] [ ][ ] [ ][ ] Expected closing date [ ][ ] [ ][ ] [ ][ ] Hours of operation [ ][ ] [ ][ ] [ ][ ] AM PM [ ][ ] [ ][ ] AM PM  
Month/Day Month/Day Open Close

**Water Supply**

**Sewage System**

**Number of operations under this registration**

- Public (municipal)     Public (municipal)     Indoor Pools     Bathing Beaches     Food Services     Day Camps  
 Private (onsite)     Private (onsite)     Outdoor Pools     Spa Pools     Recreational Aquatic Spray Grounds  
 Tanning Devices

**SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)**

Legal **operator** or operating corporation \_\_\_\_\_  
(If corporation or partnership, Section F must be completed.)

Person in charge \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_ Fax no. (\_\_\_\_) \_\_\_\_\_

Permanent address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employee Identification Number [ ][ ] [ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]

Or Social Security Number [ ][ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ]

Owner \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).**

Name and location of event \_\_\_\_\_

Name of Foods                      Supplier of ingredients                      Where and how foods will be prepared and served

Name of Foods	Supplier of ingredients	Where and how foods will be prepared and served

**SECTION D: Complete for mobile food service establishments or pushcarts only.**

Type of vehicle  Motorized  Pushcart  Other (specify) \_\_\_\_\_

Motor vehicle license number (motorized vehicles only) \_\_\_\_\_

Commissary name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List on a separate sheet of paper the type of food and beverages served.

**SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.**

**SECTION F: Partners and Corporate Officers**

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

**SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)**

Check the appropriate lines and 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 **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 Insurance

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

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

**B. Workers Compensation and Disability Insurance Coverage **NOT Provided****

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

**SECTION H: Signature (Entire section must be completed by all applicants.)**

**FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.**

**Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.**

Signature of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION I: FOR OFFICE USE ONLY**

Permit issuance recommended?  Yes  No Permit Effective Date [\_\_][\_\_][\_\_] Permit Expiration Date [\_\_][\_\_][\_\_]

Conditions of approval

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## **Content and Format of Plans and Specifications**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include: **proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. Show the location of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. **Label and locate separate food preparation sinks** when the menu dictates to preclude contamination and cross-contamination of raw and read-to-eat foods.
6. Clearly designate **adequate hand washing lavatories** for each toilet fixture and in the **immediate area of food preparation**.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation.
9. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, **hot water generating equipment with capacity and recovery rate**, backflow prevention, and wastewater line connections;
  - d. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable);
  - e. **Source of water supply and method of sewage disposal**. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
  - f. **A mop sink or curbed cleaning facility** with facilities for hanging wet mops;
  - g. **Grease trap specifications**;
  - h. **Garbage can washing area/facility**;
  - i. **Cabinets for storing toxic chemicals**;
  - j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
  - k. Site plan (plot plan).

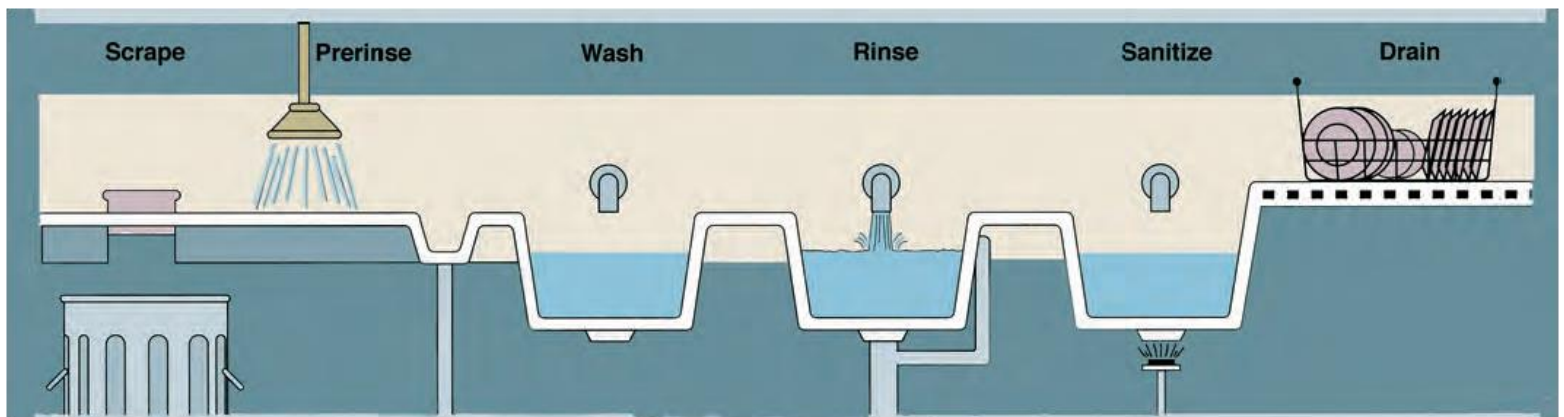


## **Part 1 – Menu**

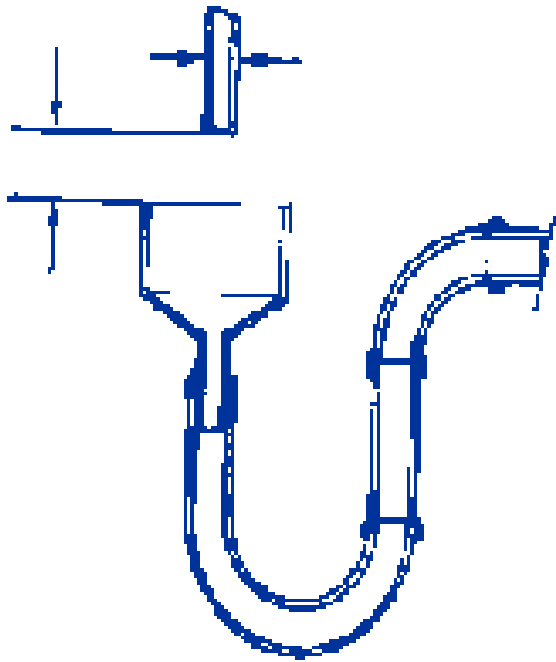
The menu is an integral part of the Plan Review Process. The menu or a listing of all the food and beverage items to be offered at the food service establishment must be submitted by the applicant to the regulatory authority with the submission of all other Plan-Review application documents.

\*All food needs to come from an inspected and approved source.

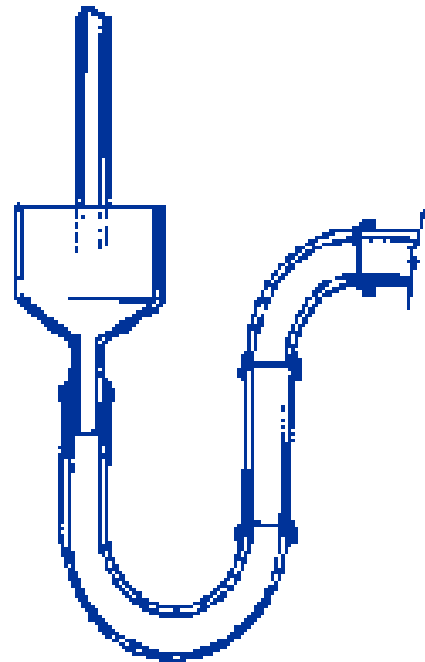
The menu for a food service establishment dictates the space and equipment requirements for the safe preparation and service of various food items. The menu will determine if the proposed receiving and delivery areas, storage area, preparation and handling areas, and thawing, cooking, and reheating areas are available and adequate to handle the types and volumes of food being served.



1. SCRAPE AND PRE-RINSE with warm water from a spray type nozzle all dishes and utensils promptly before food can dry on them. Keeps the wash water free of large food particles. Loosens dried-on foods. Reduces stains on dishes. Saves detergent.
2. WASH in first compartment with warm water at 110<sup>0</sup> – 120<sup>0</sup>F using a good washing compound, brush, and “elbow grease.” Washing compound does not sanitize utensils.
3. RINSE utensils in second compartment by immersion in clean, warm water. Washing compound is rinsed off. Change the rinse water frequently. Do not rinse dishes in dirty water.
4. SANITIZE utensils in 3<sup>rd</sup> compartment by use of hot water or a chemical sanitizer. Rinse utensils, making use of a long handled wire basket, in clean hot water at a temperature of at least 170<sup>0</sup> for no less than a ½ minute. Auxiliary heat is necessary. An alternate method is utensil immersion for at least one minute in a sanitizing solution containing at least 50 ppm available chlorine at a temperature of at least 75<sup>0</sup>.
5. DRAIN AND AIR DRY. Do not towel. Toweling contaminates utensils. Store utensils, glasses and cups (inverted) in a clean, dry place.



Air Gap



Air Break

# Indirect Waste