



George Latimer
County Executive

Sherlita Amler, M.D.
Commissioner of Health

PERMIT RENEWAL PACKAGE FOR FOOD SERVICE ESTABLISHMENT OWNERS AND OPERATORS

Applications that are received after the permit expiration date will incur a \$100.00 late fee. Operators may be subject to closure and legal action with fines for operating without a valid permit.

Please be advised that your permit to operate a food service establishment expires soon. According to provisions of Section 873.301 of the Westchester County Sanitary Code, **applications must be received not later than 60 days prior to the date of expiration.**

In order for you to continue to operate your business, you are required to do the following:

1. Submit your "Renewal Application for a Permit to Operate"

Answer all questions, and do not leave anything blank. An email address is required as all inspection reports are generated via email. Be sure to date and sign application. Please do not detach or attempt to reassemble the forms for any reason as this will delay processing. Change any information that is incorrect. Note: If the owner's name that appears on the Renewal Application is not yours, or if ownership has changed even if by "name" only, you cannot use this form.

2. Proof of Worker's Compensation/Disability Insurance: ACCORD FORM NOT ACCEPTED

SEE PAGE 2 OF THE RENEWAL APPLICATION FOR ACCEPTABLE FORMS. Any questions concerning the forms or procedure should be directed to the local NYS Workers' Comp Board Office or the Bureau of Compliance, NYS Workers' Comp Board at 518-486-6307. If you do not provide Worker's Compensation or Disability Insurance, you are required to submit Form CE-200, which can be done online at www.wcb.ny.gov.

3. Corporate Ownership

If ownership of the business is a corporation, you must file the enclosed "Certificate of Resolution". The person who signs the Renewal Application *must be* the same person named and authorized in the Certificate of Resolution. The corporate seal must be affixed to the document. If your corporate officers have changed since you last filed your application, submit a list of names and addresses of the new corporate officers.

4. Source of Food Supply Form and Food Managers Certification Course

Answer questions concerning your major food suppliers and the Food Managers Certification Course. The Westchester County Sanitary Code mandates that all operators of food service establishments attend an approved Food Managers Course and re-certify every five (5) years. If you have any questions concerning this requirement, contact your Regional Office.

(over)

5. Food Allergen Certification Course – REQUIRED

As per Westchester County Code of Ordinances Chapter 541 – Food Allergy Restaurant Safety

541.21(b) An owner or operator of a food service establishment that offers seating for on premises food consumption shall designate no fewer than one employee in the front of the establishment and one employee in the back of the establishment as food safety officers during hours of operation who shall complete a food allergen training program approved by the Commissioner. An owner or operator of a food service establishment that does not offer seating for on premises food consumption shall designate no fewer than one employee in the establishment as a food safety officer during hours of operation who shall complete a food allergen training program approved by the Commissioner. Recertification shall be required at regular intervals as determined by the Commissioner.

6. Application Fee

Every application for a permit shall be accompanied by a **NON-REFUNDABLE** application fee as specified on the renewal- see “**Total Fee Due**” printed on **Renewal Application for a Permit to Operate**. Payment can be made in the form of Check OR Money Order OR Credit Card with the enclosed authorization form.

Cash Payments are NOT Accepted

Please make checks or money orders payable to:

WESTCHESTER COUNTY HEALTH DEPARTMENT

BE SURE APPLICATIONS ARE COMPLETE

SUBMIT ALL REQUIRED PAPERS PROMPTLY TO AVOID DELAY

Return the completed application and all Supporting documents to:

**Westchester County Health Department
Bureau of Public Health Protection
25 Moore Avenue
Mount Kisco, NY 10549
(914) 864-7330**

**Permit to Operate
Renewal Application**

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name VILLAGE OF PLEASANTVILLE SENIOR CITI Facility Code: 01-H972-A
Address 1A CLINTON STREET Business Phone (914) 769-2021
PLEASANTVILLE, NY 10570 Business Fax () -
Location Village of PLEASANTVILLE Business Website _____
County WESTCHESTER Business Email _____

Mail To

VILLAGE OF PLEASANTVILLE
80 WHEELER AVE.
PLEASANTVILLE, NY 10570-

Permit Number 01-H972-A

**Permit Expiration Date
September 30, 2023**

Fee Exempt

**Permitted
Operation**

**VILLAGE OF PLEASANTVILLE SENIOR CITIZEN PROGRAM
SOFA Food Service - SOFA Prep Site-State Office for the Aging**

Operation ID: 498955

In Operation: Year-Round Seasonal

If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 100 Seats

Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: VILLAGE OF PLEASANTVILLE

Person in Charge VILLAGE ADMIN. ERIC MORRISSEY
Title First M.I. Last
Address 80 WHEELER AVE.
City, State, Zip PLEASANTVILLE NY 10570-
Primary Phone (914) 769-2021 Ext _____ Cell Fax (914) 239-8133 Emergency Contact
Other Phone (914) 769-1940 Ext _____ Cell E-mail DIRECTORSENIORSERVICES@PLEASANTVILLE-NY.GC

Location Owner: VILLAGE OF PLEASANTVILLE

Address 80 WHEELER AVE.
City, State, Zip PLEASANTVILLE NY 10570-
Primary Phone (914) 769-2021 Ext _____ Cell Fax (914) 239-8133 Emergency Contact
Other Phone (914) 769-1940 Ext _____ Cell E-mail DIRECTORSENIORSERVICES@PLEASANTVILLE-NY.GC

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 "Westchester
County Department of Health" and
include the permit number.

Westchester County Department of Health
Mount Kisco Central Office
25 Moore Avenue
Mount Kisco NY 10549

(914) 864-7330

Fax: (914) 813-5970

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 _)

Administrator @ pleasantville-ny.gov

"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 _____

**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

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION

Supplement to be Completed as Part of the Application

SOURCE OF FOOD SUPPLY

ITEM	FIRM	ADDRESS	CITY, STATE
MEAT			
FISH			
DAIRY PRODUCTS			
CANNED PRODUCTS			
BEVERAGES			
OTHER			

SERVSAFE FOOD MANAGERS COURSE

HAVE YOU TAKEN THE SERVSAFE FOOD MANAGERS COURSE: YES NO

NAME OF CERTIFIED INDIVIDUAL: _____

COURSE CERTIFICATION DATE: _____

COURSE CERTIFICATE NUMBER: _____

SERVSAFE FOOD ALLERGEN CERTIFICATION – REQUIRED

DO YOU HAVE FOOD ALLERGEN CERTIFIED STAFF: YES NO

NUMBER OF CERTIFIED STAFF: _____

COURSE CERTIFICATION DATES: _____

COURSE CERTIFICATE NUMBERS: _____

George Latimer
County Executive

Sherlita Amler, MD
Commissioner of Health

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 _____. 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.

Account Type: Visa MasterCard AMEX Discover

Print Cardholder Name (as it appears on card): _____

Account Number: _____ Security Code: _____

Expiration Date: _____ Account Billing Zip Code: _____

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.

Reset Form

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

RICHARD MURDEN

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

20361407

CERTIFICATE NUMBER

10749

EXAM FORM NUMBER

3/22/2021

DATE OF EXAMINATION

3/22/2026

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

A handwritten signature in black ink that reads "Sherman L. Brown".

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



In accordance with Maritime Labour Convention, 2006, Resolution ADM N 048-2013 (Regulation 3.2, Standard A3.2).

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