



NASSAU COUNTY DEPARTMENT OF HEALTH
200 COUNTY SEAT DRIVE, MINEOLA, NY 11501
PHONE: 516-227-9717



FOOD SERVICE ESTABLISHMENT PERMIT CHECKLIST

- ✓ Completed signed permit application including names & addresses of all corporate officers.
- ✓ Corporate seal or NYS Filing Receipt / IRS Tax ID # / LLC - Articles of Organization
- ✓ NYS Law **requires** food service operators provide certificates of Worker's Compensation & Disability Insurance coverage listing NC Department of Health as the Entity requesting proof of coverage in **box # 2**. Below are acceptable forms:

Workers Compensation & Disability Insurance Certificates as follows:

Worker's Comp Form # C-105.2 or Form # U-26.3 AND Disability Form # DB-120.1

OR

NYS Exemption Form # CE-200

**For information, contact NYS Worker's Compensation customer service line
@ 877-632-4996 and press # 3 or go to www.wcb.ny.gov**

- ✓ Certified check or money order for permit fee: _____
(Credit card may be accepted after review of the application.)
- ✓ If currently certified as Nassau County Food Manager, provide copy of Training Certificate.
For information, go to: www.nassaucountyny.gov/fmtc
- ✓ Signed NC Department of Health Sick Worker Policy
- ✓ For Mobile Unit applications, copy of vehicle registration (truck/trailer).