ERIE COUNTY DEPARTMENT OF HEALTH PERMIT APPLICATION

FOR INFORMATION CALL 858-6089

AGENCY USE ONLY

Permit Number	508 Type	Sub-Type	CT	District	Permit Date	Exp. Date

This application is not a permit.

Operation of a regulated facility without a valid permit is a violation of the Sanitary Code. This application must be submitted at least 21 days before the start of operation or prior to the expiration date of the existing permit.

Owner is to complete only new or revised data. **PLEASE PRINT.**

Facility Name: _____

Facility Address: _____

Facility City, Town, Village: _____

Facility Phone: _____

City, Town, or Village where facility is located if different from mailing address: _____

Operator Name (Corporation must use Corporate Name): _____

Operator Address: _____

_____

Operator Phone: _____

Corporation President, Operator or person responsible for operation: _____

Business E-Mail Address: _____

Facilities included in this Application:

APPLICATION CONTINUED ON OTHER SIDE

Your listed billing address is: _____

_____

_____

_____

TOTAL FEE DUE:
(See current Erie County Health Dept. Fee Schedule)

Mark "X" under day(s) operating

M	T	W	TH	F	SAT	SUN

Indicate normal hours of operation

Open	Close
am/pm	am/pm

If this application is approved, the undersigned applicant hereby agrees to operate the facility described on the other side in complete compliance to the New York State Sanitary Code and any other rules, codes, regulation applicable to its operation. Applicant also acknowledges that worker's compensation and disability are in force as required.

Send completed application and fee to:

Erie County Health Department
95 Franklin St., Room 906
Buffalo, New York 14202

Date _____ Signature of Operator _____

Title _____

PLEASE MAKE CHECK PAYABLE TO THE
"COMMISSIONER OF FINANCE"

The current fee schedule is available at the Erie County Health Department web page at:

www.erie.gov/health/offices/environmental_health.asp

Please contact the Health Department at (716) 858-7677 if you have any questions.

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