



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING
60 CENTRAL AVENUE
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Details of Proposed Food Service Facilities

| OFFICE USE ONLY | | | |
|---|--|---|---|
| Pre-operational Review Fee: | New \$200 <input type="checkbox"/> | Existing \$150 <input type="checkbox"/> | |
| Permit Application <input type="checkbox"/> | Worker's Comp <input type="checkbox"/> | Disability <input type="checkbox"/> | |
| Fee: High \$260 <input type="checkbox"/> | Medium \$180 <input type="checkbox"/> | Low \$150 <input type="checkbox"/> | Catering \$100(additional) <input type="checkbox"/> |
| Waiver/Variance Application: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Application Fee \$50 <input type="checkbox"/> |
| Menu <input type="checkbox"/> | Floor Plan <input type="checkbox"/> | | |

Name of Establishment _____

Establishment Address _____

Owner Info:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Food Service Details:

Existing Food Service Existing Non-food Service New Building Other _____

Proposed opening date _____ Days of operation _____ Hours _____

Type of Establishment:

Restaurant Bar Mobile Unit Ice Cream Parlor Concession Push cart Other _____

Size (Square feet):

Dining Area _____ Kitchen _____ Bar _____ Other _____

Seating Capacity: _____

Sewage Public Private

Water Public Private

If private well, what type of disinfection: UV Chlorine N/A



| Surface Materials | | | | | |
|-------------------|-------|-------|---------|----------------------------------|----------|
| Room | Floor | Walls | Ceiling | Type of Lighting and if Shielded | Counters |
| Kitchen | | | | | |
| Serving Area | | | | | |
| Dining Room | | | | | |
| Storage Area | | | | | |
| Restrooms | | | | | |

| Sinks | | | |
|-----------------|--------|------------------|----------------------|
| | Yes/No | Drain Boards Y/N | Location in facility |
| Hand Wash Sink | | | |
| 3-bay wash sink | | | |
| Food prep sink | | | |
| Mop sink | | | |
| Dishwasher | | | |
| Other | | | |

| Indirect drains Y/N | | | | | |
|---------------------|---------------|-----------|------------|------------|--------------|
| Ice machine | Refrigeration | Prep sink | 3-bay sink | Dishwasher | Steam tables |
| | | | | | |

| Exhaust/Ventilation | | | | | |
|------------------------------------|-----------------|-----------|--------------------------------|----------------------|-----------------|
| Hood Locations | Filter used Y/N | Hood Area | Fire Protection (Ansul) Yes/No | Fan air capacity CFM | New or Existing |
| | | | | | |
| | | | | | |
| Restroom Vents | | N/A | N/A | | |
| Ventilation Hood Cleaning Company: | | | | | |

| Equipment List | | | | |
|--|-----------|---------------------|-----------|------------------------|
| Hot holding, Cold Holding, and Cooking | | | | |
| Quantity | Unit Name | Manufacturer/ Model | New/ Used | Commercial or Domestic |
| | | | | |
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| Refuse Storage/Grease Management | | | |
|-----------------------------------|-----------|---|--|
| Cans | Quantity: | Tight fitting Lids? Yes <input type="checkbox"/> No <input type="checkbox"/> | Cleanable? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dumpster | Quantity: | Tight fitting Lids? Yes <input type="checkbox"/> No <input type="checkbox"/> | Cleanable? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Company Used for Garbage Removal: | | | |
| Company Used for Grease Removal: | | | |

| Pest Control | | |
|--------------------------------|---|--|
| Type of monitoring: | Using Rodenticide/Pesticides: Yes <input type="checkbox"/> No <input type="checkbox"/> | All gaps/holes/voids sealed: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Company Used for Pest Control: | | |

| Cleaning Chemicals | | | |
|--|--|-----------------------------------|--|
| Type of Ware-washing Disinfection: | | Testing Kit Available? | |
| Hot Water <input type="checkbox"/> | Quaternary Ammonium <input type="checkbox"/> | Chlorine <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <small>(Dishwasher ONLY)</small> | | | |
| Type of Sanitizer Chemical for wipe cloth buckets: | | Testing Kit Available? | |
| Quaternary Ammonium <input type="checkbox"/> | Chlorine <input type="checkbox"/> | Other _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Company Used for Chemical Program: | | | |

| Laundry Facilities | |
|---|---------------|
| Linens Handled: Within Facility <input type="checkbox"/> Outsourced through company <input type="checkbox"/> | Company Used: |
| Linen/Laundry Handling Process: | |

| Food Safety Training | |
|---|------------------|
| Name of Trained Food Worker: | Expiration Date: |
| Certifying Agency & Certification Number: | |

| MOBILE UNITS ONLY | | | |
|-------------------------------------|-------|-------------------------------------|--------|
| Vehicle ID No. | | | |
| | Year: | Make: | Model: |
| License Plate # | | | |
| Fresh Water Tank Capacity (Gallons) | | Waste Water Tank Capacity (Gallons) | |
| Water tank fill process: | | | |
| Waste water tank draining process: | | | |