



Town Of Rotterdam
CERTIFICATE OF REGISTRATION FOR
FOOD HANDLING ESTABLISHMENTS APPLICATION
Application Fee: \$250.00 YEARLY

Make Check out to: Rotterdam Town Clerk, 1100 Sunrise Blvd, Rotterdam, NY 12306
Pursuant to Chapter 137 – Food Handling Establishments of the Code of the Town of Rotterdam.

Copy of Driver's License (OR ID) required & NYS Health Department Certification

Application must be completed in its entirety and submitted with the associated fee and required documents

1. APPLICANT INFORMATION

Full Name of Applicant: _____

Address: _____

Date of Birth and AGE: _____

Telephone Number: _____

Email Address: _____

U.S. Citizen? Yes No (if no please supply other documentation)

2. BUSINESS INFORMATION

Trade Name of Establishment: _____

Name of Owner: _____

Name of Operator (if different): _____

Location of Premises: _____

EIN or TAX ID Number: _____

3. NYS DEPARTMENT OF HEALTH LICENSE

License Number: _____

Issuing Officer: _____

Date of Issuance: _____

Expiration Date: _____

4. NYS LIQUOR LICENSE?**Yes****No**

License Number: _____

Date of Issuance: _____

Expiration Date: _____

5. CERTIFICATE OF OCCUPANCY

Date Issued: _____

Certificate Number: _____

Max Occupancy: _____

6. CRIMINAL / REGULATORY HISTORY

Misdemeanor: Yes No

Felony: Yes No

NYS Code/Health Violations: Yes No

Details (if yes):

7. APPLICANT CERTIFICATION

It is unlawful to operate a restaurant, food-handling, or food service establishment in the Town of Rotterdam without a valid, unrevoked, and unsuspended license from the New York State Department of Health in accordance with applicable laws and regulations.

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I understand this statement.

Notice: False statements are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Signature: _____ **Print:** _____**Date:** _____**OFFICE USE ONLY****REGISTRATION CERTIFICATE**

Certificate of Registration Number: _____

Date of Issuance: _____

Expiration Date: _____

Approved By: _____

Title: _____

Signature: _____

Date: _____