

## APPLICATION FOR REFRIGERATED WAREHOUSE/LOCKER PLANT/ FRESH FRUIT AND/OR VEGETABLE STORAGE FACILITY – ARTICLE 19

NYS Department of Agriculture and Markets  
Attn: Food Safety License Unit  
10B Airline Drive, Albany, New York 12235

<i>Office Use Only</i>							
County Code- Est. No.							
Entity No. _____							
<b>NO LICENSE FEE REQUIRED</b>							

### INSTRUCTIONS

Read and complete both sides of this application.  
Prepare a separate application for each location.  
An original signature of owner or corporate officer is required in Section (11).

(1) Individual Owner Name, Partnership or Full Name of the Corporation:			County:	
Trade Name:			Business Telephone Number: (     )	
Street:	City:	State:	Zip:	
E-mail Address:	Bank Name:			

**(2) Optional Mailing Address:**

Street:	City:	State:	Zip:
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**(3) Identification Number:**

Federal ID Number:	<u>OR</u>	Social Security Number:
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**(4) Please list sole proprietors and all officers of a corporation or cooperative. If applicant is a partnership, LLC or LLP, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary).**

Name (Please Print)	Title	Contact Address (Street & No., City, State, Zip), E-Mail address	Date of Birth

**(4a.)** Principal Office Address: \_\_\_\_\_

**(4b.)** In what state incorporated? \_\_\_\_\_ **(4c.)** Date of Incorporation \_\_\_\_\_

**(4d.)** Are you a foreign or out-of-New-York-state individual, partnership, or corporation? (Check One)      Yes       No

**(4e.)** For foreign or out-of-New-York-state corporations:  
Date of filing in New York State? \_\_\_\_\_

**(4f.)** If out-of-New-York-state, the applicant agrees to accept service of process by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.

Designated: \_\_\_\_\_ Address: \_\_\_\_\_

**(PLEASE COMPLETE REVERSE SIDE)**

(5) State experience which qualifies the applicant (or its officers, if a corporation) to conduct this business, giving names of firms previously associated with \_\_\_\_\_

(6) Does the applicant or an officer, director, partner or any stockholder exercising any position of management or control have any unsatisfied legal judgements outstanding?  Yes  No If yes, explain and specify the amount \_\_\_\_\_

(7) Has the applicant or an officer, director, partner or any stockholder exercising any position of management or control ever been adjudged bankrupt?  Yes  No If yes, explain \_\_\_\_\_

**Note: This license is not required if no space is offered for rent**

(8) State rental capacity of refrigerated warehouse and/or locker plant in cubic feet \_\_\_\_\_ and temperature to be maintained \_\_\_\_\_

(9) State the kind of foods to be stored \_\_\_\_\_

- (10)  Facility is used entirely for commercial rental and/or locker storage.  
 Facility is used for both commercial rental and foods owned by the applicant  
 Applicant has access to all lockers  
 Individual lockers are offered for rent.  
 The individual lockers are maintained by the applicant.

**(11) ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER TITLE DATE**

Applicant represents that there are adequate physical facilities and equipment to maintain adequate sanitation for the activities conducted and that the establishment will be maintained in a clean and sanitary condition and operated in a sanitary manner and that the maintenance and operation of the establishment will be such that the product held or stored therein will not be adulterated, and that the premises are operated in accordance with Article 19 of the Agriculture and Markets Law and Part 270 of the regulations.

Applicant consents to free entry and will permit free access to the licensed premises, buildings and offices to the Commissioner, the Commissioner's agents and inspectors in pursuance of the Commissioner's duties to supervise and regulate the production, storage, sale and use of articles subject to the Commissioner's jurisdiction.

Applicant understands the statements made in this application will be accepted, for all purposes, as the equivalent of an Affidavit.

Any false statements made, in addition to being the possible basis for a revocation on any license issued as a result of this application, may be punishable under the provisions of Section 210.45 of the Penal Law of the State of New York.

**NOTE:** Your application for a license is subject to denial and/or revocation, if, after a hearing, it is determined that the applicant, licensee, officer, director, partner or share/stockholder, has been convicted of, or has pled guilty to, a felony in any court of the United States or any State or territory thereof, with respect to an offense involving; food safety, food adulteration or food misbranding.

Providing your signature below acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of Article 19.

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER	TITLE	DATE
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**AUTHORIZATION AND PURPOSE**

Disclosure of your federal social security and federal employer identification numbers is mandatory and is authorized by Section 5 of the New York State Tax Law. This information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liability and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance administering the Tax Law and for any other purpose authorized by the Tax Law. The authority to solicit the information requested above is found in Section 16 of the Agriculture and Markets Law in the sections relating to the specific license you are seeking. This information is collected to enable the Department to evaluate your application, to determine if it should be issued and to assist in the enforcement and administration of the Agriculture and Markets Law.

If you have questions about the information requested, call (518) 457-7139; e-mail [agr.sm.foodlicense@agriculture.ny.gov](mailto:agr.sm.foodlicense@agriculture.ny.gov); or write to: NYS Department of Agriculture and Markets; Attn: Food Safety License Unit; 10B Airline Drive; Albany, NY 12235.