

APPLICATION FOR RETAIL FOOD STORE LICENSE – ARTICLE 28-A

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

LICENSE FEE \$250.00

License Expiration: Two years from date of issuance.

Office Use Only									
County Code- Est. No.									
Entity No. _____									
Receipt No. _____									
Verification No. _____									

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 (7).

NOTE: This license is ONLY for retail food stores that do not conduct any type of food processing operations (e.g., prepare sandwiches, cook food on premises). If you conduct food processing operations, you must file a Food Processing Application. Inspections are scheduled after applications are received and reviewed.

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

(2) Optional Mailing Address:

Street:	City:	State:	Zip:
---------	-------	--------	------

(3) Identification Number:

Federal ID Number	<u>OR</u>	Social Security Number
-------------------	------------------	------------------------

(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) You are REQUIRED to be licensed if you offer for sale potentially hazardous food which can include any of the following: milk, shell eggs, refrigerated meats and dairy products. List all of the foods to be covered by this license at the location listed on the front of this application.

(6) Workers Compensation Law requires that businesses seeking state issued permits demonstrate that they have appropriate Workers Compensation Insurance (WCI). Indicate your WCI status:

Insured with _____ Self Insured Exempt from WCI
Name of Insurance Provider

(7) The undersigned applies for a license to operate a retail food store at this location only, pursuant to Article 28 of the Agriculture and Markets Law of the State of New York and, in support of this application, makes the above statements and agrees to comply with the requirements of Article 28.

The applicant represents that adequate physical facilities, equipment, sanitary controls, records and practices exist to maintain the establishment in a clean and sanitary condition and that the cleaning, maintenance and operation of the establishment is such that products handled therein will not be adulterated.

The issuance of a license is based upon continued compliance with all requirements associated with operating a Retail Food Store.

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 duty to supervise and regulate storage, sale and use of articles subject to the Commissioner's jurisdiction.

NOTE: Your application for a license is subject to denial and/or revocation, if, after a hearing, it is determined that this 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.

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

In addition to being a basis for denial or revocation of license, any false statements made herein are punishable pursuant to Section 210.45 of the Penal Law of the State of New York.

ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER	TITLE	DATE

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; or write to: Department of Agriculture and Markets; Attn: Food Safety License Unit, 10B Airline Drive, Albany, NY 12235.



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a one time debit to your credit card listed below. Please mail to the below address.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for **\$250.00**. This payment is for a:

RETAIL FOOD STORE LICENSE

Billing Address _____ Phone# _____
City _____ State _____ Zip _____
Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name _____	
Account Number _____	
Expiration Date _____	
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	
	Estab No.: _____
	License No.: _____

SIGNATURE _____ **DATE** _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Retail Food Store License, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.