

George Latimer
County Executive

Sherlita Amler, M.D.
Commissioner of Health

Notice to Applicants for an Original Permit to Operate an Animal Facility

Provisions of the Westchester County Sanitary Code require that plans and specifications be submitted to this Department, in duplicate, for review and approval before construction or major renovation of an Animal Facility is undertaken. Contact Animal Vector Unit at (914) 864-7359 for additional information and plan review fee.

Provisions of the Code also require that a permit be obtained from the Department for the operation of an Animal Facility. To apply, you are required to file the following documents with this Department:

1. An Application for an Original Animal Facility Permit (attached).
2. A Certificate of Resolution for Authorization if the owner is incorporated (attached).
3. Worker's Compensation/Disability Insurance Certification (see attached for information).
4. The non-refundable application fee for the issuance of an Animal Facility Permit is as follows:

Animal wholesaler	\$330.00
Pet shop	\$240.00
Stable	\$120.00
Kennel	\$120.00
Grooming parlor or salon	\$120.00
Animal breeder	\$120.00
Animal trainer	\$120.00
Animal shelter	No fee
Temporary (less than 15 days)	\$160.00
Mobile Groomer	\$200.00

A combined application fee is required for more than one type of operation, i.e. a grooming Parlor \$120 fee combined with a Kennel \$120 fee would require an application fee of \$240

Please submit a check or money order payable to: Westchester County Department of Health
DO NOT SEND CASH

BE SURE APPLICATIONS ARE COMPLETE
SUBMIT ALL REQUIRED PAPERS PROMPTLY TO AVOID DELAY

Return the completed application and supporting documents to:

**Westchester County Department of Health
Bureau of Public Health Protection
Animal Vector Unit
25 Moore Avenue
Mt Kisco, NY 10549**

***If you operate an Animal Facility without a valid permit, you are in violation of Article XIX, Section 873.1903 of the Westchester County Sanitary Code and subject to penalties as prescribed by law.

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A. be legally exempt from obtaining workers' compensation insurance coverage; or
- B. obtain such coverage from insurance carriers; or
- C. be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A. CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**
- B. B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
- C. C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self- Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A. be legally exempt from obtaining disability benefits insurance coverage; or
- B. obtain such coverage from insurance carriers; or
- C. be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A. CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**
- B. DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- C. DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Application for an Original Animal Facility Permit

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate or maintain a business involving the following (check one or more as appropriate):

GROOMING PARLOR		KENNEL		PET SHOP	
ANIMAL SHELTER		ANIMAL WHOLESALER		ANIMAL BREEDER	
ANIMAL TRAINER		STABLE		TEMPORARY	
MOBILE GROOMER					

1. Name of Animal Facility _____.

Address _____
(street # and name)

_____ (municipality) _____ (state) _____ (zip code)

_____ (phone #)

Mailing Address if different: _____.

2. Owner's Name _____
(if a corporation, state corporation name)

Address _____
(street # and name)

_____ (municipality) _____ (state) _____ (zip code)

_____ (phone #)

Mailing Address if different: _____.

E-mail Address: _____; Alternate E-mail Address: _____

INDIVIDUAL		PARTNERSHIP		CORPORATION*	
UNINCORPORATED ASSOCIATION*		MUNICIPALITY		LIMITED LIABILITY COMPANY	

*If owner is corporation or unincorporated association, please file "Certificate of Resolution of Board of Directors".

Corporation Officers or Partners:

NAME	TITLE	HOME ADDRESS & TELEPHONE NUMBER

3. Worker's Compensation /Disability Insurance Information (submit required forms per instructions)



4. a) Normal weekday starting time _____ am or pm (circle one)
 b) Normal weekday closing time _____ am or pm (circle one)
 c) Circle days of the week that the facility is closed: Monday, Tuesday, Wednesday, Thursday, Friday
 d) If part time/temporary operation provide opening date _____ and closing date _____.
 e) Number of employees, including owner if he/she works full time _____.
 f) Source of water supply (circle one): public, individual well, central well
 g) Sewage disposal (circle one): public, individual system
 h) Garbage and refuse (circle one): public, private carter (name _____)
 i) If a mobile facility, provide name and address of waste water disposal site: _____
 _____.
 j) Name and address of pest control operator (exterminator): _____.
 _____.
 k) Number of animal's facility can accommodate: _____.
 l) Types of animals and number of each:

amphibians		birds		cats		dogs	
ferrets		fish		small mammals		horses	

List other types of animals and the number of each:

I agree to comply with the requirements of the Westchester County Sanitary Code, and the New York Sanitary Code.

I agree to permit the taking by a duly authorized representative of the Westchester County Department of Health of samples of any substance, carcasses or animals on premise or in possession for the determination of disease studies.

Authorized Signature _____.

Name (print or type). _____.

Title _____ Date _____

OFFICE USE ONLY:

Date of inspection _____ Date of Approval _____.

Inspector's Name (print and signature)

Permit Conditions:



CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION

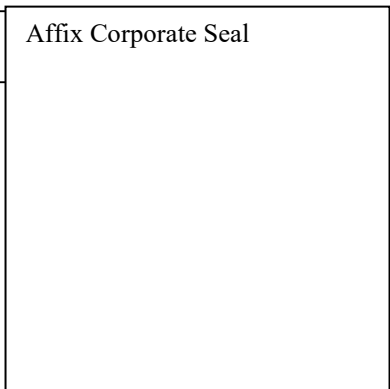
The Undersigned, _____ of _____
Name of Corporation _____, a corporation
Duly organized and validly existing under the laws of (State) _____
Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation, at a meeting duly called and held on the _____ day of _____ 20____.
Be it resolved that the Board of Directors, or President if there is no Board of Directors, of (Name of Corporation) _____
With offices at: _____
Hereby authorizes (Name if person authorized): _____
To execute and deliver to the Westchester County Department of Health, for and on behalf of said corporation, and application for a permit to operate a (type of operation):

_____ to execute and deliver any and all additional documents which may be appropriate or desirable in connection therewith.
The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate
This _____ day of _____, 20_____.

OFFICER'S SIGNATURE: _____

TITLE: _____
ACKNOWLEDGEMENT



STATE OF _____)
COUNTY OF _____): ss:

On this _____ day of _____, 20____, before me personally came _____
to me known, and known to me to be the _____ of _____
_____ the corporation referred to in the within
Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____
of said corporation and that (s)he signed his/her name thereto.

NOTARY PUBLIC

_____ COUNTY

