

NYS DEPARTMENT OF AGRICULTURE AND MARKETS
 DIVISION OF FOOD SAFETY AND INSPECTION
 10B AIRLINE DRIVE
 ALBANY, NY 12235
LICENSE APPLICATION

ARTICLE 28
 FOOD WAREHOUSE – LICENSE FEE: \$400.00
 License Period: 1/1/10-12/31/11

Office Use Only	
Est. No.	_____
Receipt No.	_____
Validation No.	_____

INSTRUCTIONS

Read and complete both sides of this application. Prepare a separate application for each location.

Include license fee by check or money order payable to **“Department of Agriculture and Markets”**.

Section (1) enter and explain any changes in names or facility address.

Sections (1) through (9) must be completed.

Section (9) an original signature of owner or corporate officer is required.

NOTE: Food Warehouses licensed by the Department pursuant to other provisions of the Agriculture and Markets Law or subject to inspection by the United States Department of Agriculture, pursuant to the federal meat, poultry or egg inspection programs shall be exempt from licensure under this Article.

(1) Individual Owner Name, Partnership (name all partners) or Full Name of the Corporation		County	
Trade Name		Business Telephone Number ()	
Street	City	State	Zip
(2) Federal ID Number	<u>OR</u>	Social Security Number	
(3) <u>Optional Mailing Address:</u>			
Street:	City:	State:	Zip:

(4) IF APPLICANT IS AN INDIVIDUAL, PARTNERSHIP OR LLP THE FOLLOWING MUST BE COMPLETED

Name of Owner/Partnership (name each partner)	Residence – Home Address (Street & No., City, State, Zip)	Date of Birth

(5) IF APPLICANT IS A CORPORATION or LLC THE FOLLOWING MUST BE COMPLETED

Full Name of Officers	Residence – Home Address (Street & No., City, State, Zip)	Date Took Office	Date of Birth
President			
Vice Pres.			
Secretary			
Treasurer			
Directors (attach list if necessary)			

(5a.) Principal office address: _____

(5b.) In what state incorporated? _____ **(5c.)** Date of Incorporation _____

(5d.) Foreign or out-of-state corporation: Date of filing in New York State? _____

(5e.) Name and address of a New York State resident upon whom service of process may be made? _____

(PLEASE COMPLETE REVERSE SIDE)

APPLICANTS MUST PROVIDE ALL REQUESTED INFORMATION**

SHOULD YOU FAIL TO DO SO, YOUR APPLICATION MAY NOT BE PROCESSED. IF YOU HAVE QUESTIONS CONCERNING THE INFORMATION REQUESTED, CALL (518) 457-1215 OR WRITE TO THE ADDRESS ON THE FRONT OF THIS FORM.

(6) Article 28 of the Agriculture and Markets Law, as amended, states, "(d) 'Food warehouse' shall mean any food establishment in which food is held for commercial distribution."

(7) List all food at this location to be covered by this license. The terms "food" and "food product" shall include all articles of food, drink, confectionery or condiment, whether simple, mixed or compound, used or intended for use by men or animals, and shall also include all substances or ingredients to be added to food for any purpose. This definition shall be construed as including chewing gum.

(8) 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

The undersigned applies for a license to operate a food warehouse 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 AML 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 food warehouse.

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.

I understand 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.

(9) ORIGINAL 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.