

APPLICATION FOR FOOD WAREHOUSE LICENSE

NYS Department of Agriculture and Markets - Article 28-D

License Fee \$400.00

License Expiration: Two years from date of issuance.

Office Use Only							
County Code- Est. No.							
Entity No. _____							
Receipt No. _____							
Certificate 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" and mail to
 the address at the end of the form.
 An original signature of owner or corporate officer is
 required in Section (8).

NOTE: This license is ONLY for food warehouses where food is held for commercial distribution.

(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:
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(3) Identification Number:

Federal ID Number	OR	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	Work 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 state individual, partnership, or corporation? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>
(4e.) For foreign or out-of-state corporations: Date of filing in New York State? _____
(4f.) If out-of-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) Has the applicant or any of its partners, officers, directors or stockholders been convicted of, or pleaded guilty to, a **felony** in any state or federal court with respect to a crime involving public corruption, honesty, food safety, food adulteration, mislabeling or public health?

No

Yes If yes, state the full name of the person _____

Name of Court and its location? _____

Date of Conviction? _____ A "Certificate of Conviction" is required. If a "Certificate of Conviction" has been provided and a license issued on a prior application, check this box.

(6) 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.

(7) 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 _____
Name of Insurance Provider

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 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.

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.

(8) 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.

All fields must be completed. Incomplete applications may not be processed. If you have questions about the information requested, call (518) 485-5326; or write to: Department of Agriculture and Markets; FSI-Licensing Unit; 10B Airline Drive; Albany, NY 12235.



FSI – LICENSING UNIT
PHONE: 518-485-5326

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 **\$400.00**. This payment is for a:

FOOD WAREHOUSE 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 _____	Estab No.: _____
Account Number _____	License No.: _____
Expiration Date _____	Receipt No. _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation 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 Food Warehouse 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.