



# APPLICATION FOR FOOD PROCESSING ESTABLISHMENT LICENSE – ARTICLE 20-C

NYS Department of Agriculture and Markets

Attn: Food Safety License Unit

10B Airline Drive, Albany, New York 12235

**PROJECTED OPENING DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office Use Only**  
County Code- Est. No.

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Entity No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Verification No. \_\_\_\_\_

**LICENSE FEES (CHECK WHERE APPROPRIATE):**

**\$0 No Fee** ★  
**Production in an Incubator Kitchen for**  
 First-time applicant for the **first Two (2) years**

**\$175.00**  
**Small-Scale Processor, is NOT a Chain Store/ Franchise and employs NO more than Ten(10) Full Time Employees**

**\$400.00**  
**Over 10 Full-Time Employees, Franchisee/Affiliations**

**INSTRUCTIONS**

Read and complete both sides of this application. An original signature of owner or corporate officer or LLC managing member is required in Section (9). **Non-Refundable Application Fee.** Please ensure that you are applying for the correct license.

★ **NOTICE Regarding Fees**  
 The commissioner shall waive the license fee for two years for a **first-time applicant that processes food in a kitchen incubator food processing facility**, which for the purposes of this section is a food processing facility used by multiple small and emerging food processing businesses, including both full-time facility tenants and businesses that rent space on a temporary basis.

This application is only for those establishments that prepare or process food at the location listed below. Inspections are scheduled after applications are received and reviewed. No license will be issued until an establishment receives a satisfactory inspection.

<b>(1) Full Name of the Corporation or Individual Owner Name, Partnership (name all partners):</b>		County:	
Trade/DBA Name: _____		Name of Kitchen: _____	
Business Telephone Number: ( ) _____			
<b>Processing Facility Address</b>			
Street: _____	City: _____	State: _____	Zip: _____
E-mail Address: _____		Bank Name: _____	

**(2) Optional Mailing Address (if mail is not receivable at store or manufacturing location):**

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

Federal/State ID Number (preferred): _____	<b>OR</b>	Social Security Number: _____
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**(4) List sole proprietors or ALL officers of a corporation or cooperative. If applicant is a partnership, LLC, or LLP, list ALL 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)	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: \_\_\_\_\_

**(5) Food stores:** besides selling prepackaged foods (other than chips, candy, soda, and water) and you are processing meaning: buttering rolls or bagels, cappuccino and/or slushy machine, cook or re-heating foods, grind meats, slice cold cuts and/or cheese, fish fruits, etc., repacking ready-to-eat foods or ice. Please enter what the processing foods are and the operation of such processing.

**Manufacturing wholesale or farmer's market businesses:** Please enter what the processing foods are and the operation of such processing.

**(6) Retail Food Stores** applying for food processing establishment licenses must submit a copy of its certificate indicating that an individual in a position of management or control assigned to the store has successfully completed an approved Food Safety Education Program Course for each location. A list of approved courses can be found on the Department website [www.Agriculture.ny.gov](http://www.Agriculture.ny.gov) under Food Safety link.

**The following retail food stores are exempt from this requirement:**

- a. Food stores that have as its only full-time employees the owner or the parent, spouse or child of the owner, or in addition not more than two full-time employees.
- b. Food stores that had an annual gross income of less than \$3 million in the previous calendar year, excluding petroleum products, unless the food store is part of a network of subsidiaries, affiliates or other member stores, under direct or indirect control, which, as a group, had annual gross sales of the previous calendar year of \$3 million or more.

Check one of the following:

An exemption from this requirement is requested for the following reason(s) \_\_\_\_\_

A copy of our Food Safety Education Program (FSEP) Certificate is enclosed with this application

**(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 \_\_\_\_\_ OR  Exempt from WCI  
 Name of Insurance Provider

**(8)** If your water source is not from a municipal source, please check here \_\_\_\_ AND provide documentation that the water source was approved by your local health department.

**(9)** The undersigned applies for a license pursuant to Article 20-C of the Agriculture and Markets Law of the State of New York to conduct the food processing operations listed above, at this location only. New or additional food processing activities are to be reported to this Department for approval prior to the start of the processing operation.

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.

**\*\*PLEASE ENSURE ALL QUESTIONS AND FIELDS ARE ANSWERED/COMPLETED BEFORE PROCEEDING\*\***

Any unanswered questions will result in the **denial** of your application which PROHIBITS you from operating your business in the State of New York. If your application is denied you must complete and re-submit your application **again**. Your original application and payment **will be** returned. Please allow 60 days for application processing and once received **post** your license in a conspicuous place.

Providing your signature below acknowledges your understanding of requirements listed herein and that you agree to comply with the requirements of Article 20-C. ORIGINAL SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER	TITLE	DATE
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### AUTHORIZATION AND PURPOSE

Disclosure of your 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.



**One Time Credit Card Payment Authorization Form  
Not to Be Completed by Those Processors Listed as Fee Exempt on Page 1 of the  
APPLICATION FOR FOOD PROCESSING ESTABLISHMENT LICENSE – ARTICLE 20-C**

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

By signing this form, you give us permission to charge 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 in the amount of:

\$175.00 Small-Scale Processor OR  \$400.00 Food Processor

This payment is for a:

**FOOD PROCESSING 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	<b>FOR OFFICE USE ONLY</b>
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 Food Processing 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.

**\*\*\* Non Refundable Application Fee\*\*\*  
Please be sure you are applying for the correct license.**

**Directions on how to complete the application is on the back of this page.**

**Instructions on how to fill out the 20-C Food Processing application completely. Requirement for new and renewal applications.**

**20-C application – Food Processing**

**Section 1:** Fill in the Corporation, Incorporation, LLC, LTD, LLP **OR** owner or partners names in full as it shows on your legal filing paperwork.

Operating in an Incubator/Shared kitchen as a manufacturer or starter business: you need to enter the kitchen's address in the Processing Facility Address and include the name of the kitchen in the Trade name box to the right of your trade/dba name.

Provide phone number that the inspector can reach you at. Provide an email address that we can reach you for any question if we are not able to reach you by phone. Provide bank name for your business – this is for legal purposes.

**Section 2:** If you are not able to receive mail at the processing facility or store then please include an optional mailing address where you will receive your license and renewal applications.

**Firms that are processing in incubator kitchens** - the license and renewal applications will be mailed to the kitchen address.

**Section 3:** Fill in your Federal or State EIN number **and** provide a copy of your NYS Certificate of Authority of Identification Number from the NYS Department of Tax and Finance for all **new** businesses or established businesses that change their business name and tax ID. **If** you do not have a tax ID number, please use your social security number.

**Section 4, 4a-f:** Fill in **all** owners/partners, members, or officers of the business- their names and personal information in this section and their title in the business and date of birth. If you need, please provide a separate sheet with all names and personal information listed attached to the back of the application.

This includes questions 4a through 4f for businesses that are incorporated, corporate, LLC, LTD or LPP in New York State or Out-of-New York State or Foreign companies.

**Section 5: Food stores:** besides selling prepackaged foods (other than chips, candy, soda, and water) and you are processing meaning: buttering rolls or bagels, cappuccino and/or slushy machine, cook or re-heating foods, grind meats, slice cold cuts and/or cheese, fish fruits, etc., repacking ready-to-eat foods or ice. Please enter what the processing foods are and the operation of such processing.

**Manufacturing wholesale or farmer's market businesses:** Please enter what the processing foods are and the operation of such processing.

**Section 6:** This applies to all food stores and manufacturing businesses **applying for a food processing license**. Please check mark the box or line that pertains to your business whether you qualify for the exemption of the required FSEP certificate that is listed as exemption A or B. If you do not qualify for the exemption you will need to provide a current Food Safety Education Program Certificate (FSEP) which the participating providers are listed on our website which is stated on the application in question 6.

**Section 7:** Please fill in the name of the insurance provider or check mark the box if you are exempt from Workers Compensation insurance (WCI). If you are not sure, please contact the Workers Compensation Agency.

**Section 8:** If your water source is not from your municipal water supplier, you need to check mark the line and include documentation that your water source has been approved by your local health department.

**Section 8: LEGAL NOTICE:** Read the important information which **includes:** any unanswered questions will result in the denial of your application which **PROHIBITS** you from operating your business in New York State.

**If your application is denied you must complete and re-submit your application again. The Original application and payment form will be returned to the address on the application, be sure to have a valid return address on your application. Please allow 60 days for application processing and once license is received post the license in a conspicuous place. This applies to new and renewal applications.**

**Signature, title, and date are mandatory:** otherwise, the application and payment will be returned as incomplete and denied.