FSI-303 (03/07/2025)

NEW YORK STATE OF OPPORTUNITY. Agriculture and Markets

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

INSTRUCTIONS

All questions must be completed unless marked as optional. 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.

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

PROJECTED OPENING DATE: ____ / ____ /_____

LICENSE FEES (CHECK WHERE APPROPRIATE):

☐ **$400.00** **Employs more than 10 Full-time employees; and/or is a Franchisee/Affiliation**	☐ **$175.00** Employs **NO** more than **Ten** (10) Full Time Employees**, and is NOT a Franchisee/ Affiliation**	☐ **$0-No Fee** First-time applicant **operating in a Department recognized Incubator Kitchen.**

This application is for establishments that make and/or package food at the location listed below. In addition to the proper application and fee, an inspection with a letter grade of "A" is required to issue the license. If you are ready for inspection, you may call the Division at 518-457-4492 and select the correct Regional office. Please allow 60 days for processing time.

(1) Business Name (Corporation, LLC *or* Individual Owner Name, Partnership)	County:
Trade Name/DBA:	
Name of the Incubator Kitchen if applying for $0 fee	Incubator kitchen Estab# if known
Business location Street Address	Business Telephone Number: ( )
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:

(3) Identification Number: Federal ID or State EIN Number: (preferred) (enter number): OR Social Security Number (only if no tax ID number)

(4) Please list sole proprietors or 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 - home or office (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? _____

(PLEASE COMPLETE REVERSE SIDE)

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(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) List food processing activities. Examples of food processing include: buttering rolls or bagels; operating a cappuccino and/or slushy machine; baking; cooking or re-heating meats, meals, or other foods; grinding meats; slicing cold cuts and/or cheese; cutting fish, vegetables and/or fruits; repacking ready-to-eat foods or ice; manufacturing food items for distribution.

_____

_____

_____

_____

_____

(6) Food Safety Education (Certified Food Protection Manager): Retail food stores, including any affiliates or franchised locations, must submit a copy of the person in charge's (manager's) certificate for having successfully completed an approved Food Safety Education Program Course for each location. A list of approved courses can be found on the Department website Food Safety Training | Agriculture and Markets (ny.gov).

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

An exemption from this requirement is requested for the following reason:

☐ Food stores that have as its only full-time employees the owner or the parent, spouse or child of the owner

☐ Food stores that had an annual gross income of less than $3 million in the previous calendar year, excluding petroleum products. This exemption DOES NOT APPLY to food stores that are 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.

(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) ☐ Check here if you are operating on well water. ☐ Check here if you have been in contact with the Department of Health on approving your well water for use. You may be required 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. 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.

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

If you have questions about the information requested, call (518) 457-7139; e-mail 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.

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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:

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

This payment is for a:

1120-FOOD PROCESSING LICENSE

Billing Address _____ Phone#_____

City _____ State _____ Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

Security Code (required) _____

FOR OFFICE USE ONLY

Estab No.: _____
License No.:_____
Approval Code: _____

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.

If you are not looking to pay by credit card, a business check or money order made payable to "**Department of Agriculture and Markets**" can be submitted with the completed application and mailed to: **NYS Department of Agriculture and Markets, attn: Food Safety License Unit, 10B Airline Drive, Albany, NY 12235**

INSTRUCTIONS FOR COMPLETION OF
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

Introduction

An Agriculture and Markets Article 20C food processing establishment license is required for any business that makes food for people. For example:

- A food manufacturer that makes and packages one or more food items sold at retail and/or wholesale.

- A grocery store that slices deli meat/cheese; cooks any type of food; operates a frozen drink machine, soda fountain machine or cappuccino machine; repacks bulk foods such as grains or dried fruits; grinds any kind of meat; cuts produce; makes any baked goods; makes sushi; makes sandwiches and/or makes salads. (However, a grocery stores only selling prepackaged items that require refrigeration (such as milk, cheese or meats) is required to obtain an Article 28A Retail Food Store License.

- A food warehouse that repacks food items such as coffee, tea, grains or cheese. (However, a food warehouse that only stores packaged foods and does not repackage any food items is required to obtain an Article 28D Food Warehouse License application.)

If you have any questions concerning what license you need for your business, you may contact the Food Safety and Inspection Division at 518-457-4492.

General Information

License Application Fees are nonrefundable, so be sure you are applying for the correct license.

Licenses are issued to the owner or business listed on the application as the operator of a food processing business at only the address listed on the application. ***A food processing establishment license cannot be transferred or assigned to new owner or a new location.***

Before a license will issued, you must meet the following criteria:

- ✓ **You have applied for the correct license for your proposed business.**
- ✓ **The application is complete.**
- ✓ **The application contains an original signature.**

- ✓ **The correct license fee has been submitted with the completed application. The business has been inspected and found to have a letter grade of "A" (no critical deficiencies).**

Read and complete both sides and all sections of the application.

Failure to complete ALL sections, including an original signature of owner or corporate officer or LLC managing member, of this application will result in the application, without the fee, being returned for correction.

Please allow approximately 60 days to process license applications.

Once license is received, post the license in a conspicuous place within your establishment.

INSTRUCTIONS

Projected opening date: Provide the date you are planning to open your business. (While your opening date may change, the date will help the Department to promptly schedule your first inspection.)

License Fees: Select the business fee that applies to your business:

- $400 fee applies to any food processor business with than 10 full time employees or that is a franchisee.
- $175 fee. This option is only available to independent operations with less than 10 full time employees AND cannot be a franchised operation/ business.
- No Fee is ONLY for a first-time operator working in a recognized incubator/shared kitchen. (Sharing a kitchen with another licensed firm such as a restaurant or church kitchen will not qualify for a no fee license.) In addition, if you have previously held a 20C license and/or do not operate in a recognized incubator or shared kitchen, a fee will apply.

Selecting the incorrect business fee will delay your ability to begin operating your business.

Section 1: Business Information

1. Fill in the name of the business entity seeking the license as it appears on its legal paperwork or the legal names of the individuals applying for the license.

2. Enter name of the county in which the business is located and operating. For example: Kings County or Albany County.

3. Enter the trade name of the business. This is commonly referred to as the DBA and is generally the name on the business sign or window.

4. If the business is operating in an incubator or shared kitchen enter the name of the shared kitchen in the field titled “Name of Incubator Kitchen” box. If you know the establishment number for the Incubator Kitchen, enter it in the “Incubator kitchen Estab”” box. If that number is not known, leave this field blank. If you are operating out of an Incubator/Shared Kitchen, you need to enter the kitchen’s address in the Processing Facility Address.

5. Enter the physical street address of the business. This is the street (sometimes called the 911) address and it is generally posted on the building itself. Enter the city, state and zip code associated with the physical location of the business.

6. Provide the business phone number. This will be used by the inspector as necessary to schedule your initial inspection.

7. Provide an email address that we can reach you for any question if we are not able to reach you by phone.

8. Provide name of the bank you use for your business.

Section 2: Optional Mailing Address

If you are not able to receive mail at the address listed in Section 1, complete this section with the mailing address where you will receive your mail, including license and renewal applications and inspection reports.

NOTE: Firms that are processing in Incubator/Shared kitchens, all documents, including the license and renewal applications, will be mailed to the kitchen address.

Section 3: Identification Number

Fill in your Federal or State EIN number. If you do not have a tax ID number, enter your social security number. All corporate entities should have a Federal or State EIN number.

Section 4, 4a-f: Ownership details and Corporate information

Fill in the names, titles, home or office address and date of birth for each owner/partner, member, or officer of the business. If more room is needed, complete this list on a separate sheet and attach it to the application.

Complete questions 4a through 4f for businesses that are corporations, limited liability companies, limited liability partnerships, whether formed in New York State, in another state or outside the United States. Leave blank only if the ownership is a sole proprietor or partnership.

Section 5: Processing Operations

List the types of food processing operations that you are planning on conducting.

Examples of food processing at retail stores include buttering rolls or bagels, soda fountain, cappuccino and/or frozen beverage machines; cooking or re-heating foods such as meats or soups; grinding meats; slicing cold cuts, cheese, fish, and/or fruits; repacking ready-to-eat foods or ice; making sandwiches; baking bread. You do not need to include a list of prepackaged foods that you sell.

At a food manufacturing at wholesale or farmer's market businesses, examples include operations like smoking fish; baking breads or cookies for wholesale; freezing or canning fruits or vegetables; making and jarring condiments; manufacturing entrees; fermenting grains or fruits for alcoholic beverages.

If you make foods for sale at farmer's markets, to sell online or to sell to other businesses for resale, list the products you make. For example, make breads; bake desserts (other than frozen); make candies; make jars of jellies/ jams, etc.

Section 6: Food Safety Education

This section applies only to retail food stores. Warehouses and manufacturing for wholesale only are not subject to this requirement.

Retail food stores that are part of a franchise or corporation with multiple locations, that have an annual gross income of $3 million per year or more, are required to complete an APPROVED food safety training course before the license can be issued. A list of approved courses can be found on our website at: approvedfoodsafetyeducationproviders.pdf (ny.gov). Courses that do not appear on this list may not be used to meet this requirement. Check the box and attach a copy of the certificate of completion for completion of the approved course.

Retail food stores that have a gross annual income of $3 million or less in the prior calendar year, or that are operated only by the owner, the owner's spouse, parent or child, may be entitled to an exemption from the food safety education requirement. If you believe you are exempt, check the box under "An exemption

from this requirement is requested for the following reason" that pertains to your business. If you do not qualify for an exemption, you will need to provide a current Food Safety Education Program Certificate (FSEP).

Section 7: Workers Compensation Law

Fill in the name of the insurance provider or check the box if you are exempt from Workers Compensation insurance (WCI). If you are not sure, contact the Workers Compensation Agency.

Section 8: Water Supply

If the water supplied to your business is not from a municipal supply, you may need to have your water approved by the Department of Health prior to being able to open.

If you are operating on well water, check the first box. Your well will be regulated by the Department of Health if you are using well water when preparing a food item, using water to clean food contact equipment (for example, used to wash dishes), or providing a drinking fountain to the public.

If you have been in contact with your local Department of Health at the time you submit your application, check the second box under this question.

Section 9: Legal Statement and Signature

This section is important to read and understand as you are representing that the information you are providing on the license application is truthful, material misrepresentations may lead to the revocation of your licenses and false statements may be punishable as under section 210.45 of New York's Penal Law.

An original signature of one of the owners, partners or corporate officers is required. Signature, title, and date are mandatory: otherwise, the application and payment will be returned as incomplete and denied.

If you have questions about the information requested, e-mail 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.