
Name of Establishment

Address

**SCHENECTADY COUNTY PUBLIC HEALTH SERVICES
FEE DETERMINATION SCHEDULE**

FEE CALCULATION

1. FOOD SERVICE ESTABLISHMENT - PT. 14, State Sanitary Code		
a. Seating Capacity (including takeout or stand-up service)		
1. 100 or less	\$215.00	\$ _____
2. 101 or more	\$315.00	\$ _____
b. FROZEN DESSERT - PHD Sec. 225(5)(s)	\$ 65.00	\$ _____
2. CATERERS AND COMMISSARIES - PT. 14, State Sanitary Code	\$365.00	\$ _____
3. TEMPORARY FOOD SERVICE - PT. 14, State Sanitary Code	\$ 90.00	\$ _____
4. MOBILE FOOD VENDORS	\$190.00	\$ _____
5. FOOD WORKER'S CERTIFICATION COURSE	\$ 75/PERSON	\$ _____
6. HOTELS & MOTELS(TEMPORARY RESIDENCE)-PT. 7, State Sanitary Code		
a. Number of Sleeping Rooms		
1. 1-20	\$190.00	\$ _____
2. 21-100	\$340.00	\$ _____
3. 101 or more	\$665.00	\$ _____
b. Additional Services		
1. Food Service, Seating Capacity		
1-100	\$200 x number__=	\$ _____
101 or more	\$200 x number__=	\$ _____
2. Pool	\$200 x number__=	\$ _____
3. Beach	\$200 x number__=	\$ _____
7. CAMPGROUNDS & TRAVEL TRAILER PARKS - PT. 7, State Sanitary Code		
a. Number of sites		
1. 1-50	\$165.00	\$ _____
2. 51 or more	\$255.00	\$ _____
b. Additional Services		
1. Food Service, Seating Capacity		
1-100	\$115 x number__=	\$ _____
101 or more	\$215 x number__=	\$ _____
2. Pool	\$200 x number__=	\$ _____
3. Beach	\$200 x number__=	\$ _____
8. MASS GATHERINGS,INCLUDING -PT.7, State Sanitary Code		
PLAN REVIEW	\$2500.00	\$ _____
9. MIGRANT LABOR CAMP - PT.15, State Sanitary Code		
a. Occupancy		
1. 5-50	\$165.00	\$ _____
2. 51 or more	\$215.00	\$ _____

10. **MOBILE HOME PARKS** -PT.17, State Sanitary Code

a. Number of Sites

1.	1-75	\$190.00	\$ _____
2.	76 or more	\$340.00	\$ _____

b. Additional Services

1. Food Service, Seating Capacity			
	1-50	\$115 x number	= \$ _____
	51 or more	\$215 x number	= \$ _____
2. Pool			
		\$200 x number	= \$ _____
3. Beach			
		\$200 x number	= \$ _____

11. **SWIMMING POOLS** - PT. 6, State Sanitary Code

a. Maximum number of bathers (25 sq.ft./bather)(x number of pools)

1.	1-100	\$215.00 x number	\$ _____
2.	101 or more	\$265.00 x number	\$ _____

12. **BATHING BEACHES CAPACITY** -PT.6, State Sanitary Code

a.	Less than 5,000 sq. ft.	\$200.00	\$ _____
b.	5,001 sq. ft. or more	\$225.00	\$ _____

13. **COMMUNITY WATER SUPPLIES** -PT. 5, State Sanitary Code

a. Population served

1.	Less than 1,000	\$215.00	\$ _____
	2. 1,001 - 9,999	\$615.00	\$ _____
	3. 10,000 or more	\$1765.00	\$ _____

14. **UNPERMITTED NON-COMMUNITY WATER SUPPLIES** -PT.5, State Sanitary Code

\$165.00	\$ _____
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15. **CHILDREN'S CAMPS** - PT.7, State Sanitary Code

\$215.00	\$ _____
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16. **TATTOO/BODY PIERCING**

a. Permanent Shop			
	1. per each artist	\$200.00	\$ _____
		\$185.00	\$ _____
b. Temporary Tattooist/ Body Piercing			
		\$100.00	\$ _____

17. **SOIL PERC TEST WITNESS**

\$100.00	\$ _____
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CERTIFICATION STATEMENT: I hereby certify the statements made above are accurate to the best of my knowledge.

Signature of Operator-Title

Date

NOTE: False statements on this application are punishable as crimes under Article 170 of the Penal Law.

MAKE CHECKS PAYABLE TO: County of Schenectady

RETURN TO:

**Schenectady County Environmental Health
Schaffer Heights, 107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170**