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**Workers' Compensation and Disability Insurance**

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Submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

**A. Workers Compensation and Disability Insurance Coverage is PROVIDED**

Workers Compensation

- Form C-105.2 – Certificate of Worker's Compensation Insurance                   **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance                   **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance               **OR**
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

Disability Benefits

- DB-120.1 - Certificate of Disability Benefits   **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

**B. Workers Compensation and Disability Insurance Coverage is NOT PROVIDED**

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

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**Return Completed Application**

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Please return completed application to: **Niagara County Department of Health  
Environmental Health Division  
5467 Upper Mountain Road, Suite 100  
Lockport NY 14094-1894**

Make checks payable to "Niagara  
County Department of Health" and  
include the permit number.

(716) 439-7444

Fax: (716) 439-7427

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**Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.)**

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I would like to receive information and official correspondence related to this permit at the email address below: (Yes    No    )  
\_\_\_\_\_ @ \_\_\_\_\_

"Operation without a valid permit is a violation of New York State Law and/or State Sanitary Code."

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Permit issuance recommended?     Yes     No    Permit Effective Date \_\_\_\_\_ Permit Expiration Date \_\_\_\_\_

Conditions of approval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_