

Mass Gathering and Public Functions Fee Determination Schedule

As required by Article 6, PHL, effective 1/1/88

FOR OFFICE USE ONLY

Cashline # _____

Amount \$ _____

Received by _____

Fee Exemption Requested? Yes If yes, complete sections A, C and D and return.
 No

INSTRUCTIONS

Print or type the requested information. Determine the correct fee. Make your check payable to the New York State Department of Health. Mail the completed form and your check to the appropriate Department of Health Regional or District Office within 30 days of receipt of this form.

SECTION A

- 1a. Name of Establishment _____
b. Address (No. & Street, City, State, Zip) _____

2. Name of Operator _____ Title _____

SECTION B

1. Check the appropriate category.

Mass Gatherings, including Plan Review	\$500.00	
Public Functions of over 5,000 people not constituting mass gatherings		\$ _____
Less than 3 emergency health care units	\$100.00	\$ _____
3 or more emergency health care units	\$200.00	\$ _____
	TOTAL FEE DUE:	\$ _____

SECTION C – Exemption Request

1. Is this facility used for religious, educational or philanthropic purposes? Yes No
2. Is this facility operated by a municipality (city, town or village)? Yes No
3. If the answer to questions 1 or 2 is “yes” you may request exemption from payment of the annual registration fee. Please indicate documentation that will be made available upon inspection request.
- Incorporation Papers _____ Other (specify) _____

SECTION D – Certification False Statements on this application are punishable under article 170 of the Penal Law.

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

► Signature of Operator _____ Date _____