

# Mass Gathering and Public Functions Fee Determination Schedule

NEW YORK STATE DEPARTMENT OF HEALTH

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

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

**FOR OFFICE USE ONLY**

Cashline # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Received by \_\_\_\_\_

**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.

- |   |   |          |          |
|---|---|----------|----------|
| <input type="checkbox"/> Mass Gatherings, including Plan Review                                 | = | \$500.00 | \$ _____ |
| <input type="checkbox"/> Public Functions of over 5,000 people not constituting mass gatherings |   |          |          |
| <input type="checkbox"/> Less than 3 emergency health care units                                | = | \$100.00 | \$ _____ |
| <input type="checkbox"/> 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, 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 \_\_\_\_\_