



CATTARAUGUS COUNTY HEALTH DEPARTMENT

Barbara J. Hastings, RN, BSN, MSN
Public Health Director

Kathleen M. Ellis
Administrative Officer

Eric W. Wohlers, P.E.
Environmental Health Director

APPLICATION FOR REGISTRATION AS A MEMBERSHIP ASSOCIATION PURSUANT TO THE NYS CLEAN INDOOR AIR ACT

Article 13-E of the New York State Public Health Law, §1399-q(4), allows smoking in membership associations, provided however, that smoking shall only be allowed in membership associations in which all of the duties with respect to the operation of such association, including but not limited to, the preparation of food and beverages, the service of food and beverages, reception and secretarial work, and security services, are performed by registered members who do not receive compensation of any kind from the association or any other entity for the performance of such duties.

- “Membership association” means a not-for-profit entity, which has been created or organized for a charitable, philanthropic, educational, political, social or other similar purpose.
- “Member” means a person who satisfies the requirements for membership in a membership association, and affirmatively accepts an invitation from such membership association to become a member.
- Compensation means any money, gratuities, privileges or benefits received in return for work performed or services rendered.
- The registration, if issued, will allow smoking in the membership association submitting this application and only on the premises used by and under the control of the association. The registration is not transferable. **It does not extend to any other person or organization that may own or may be authorized to use the same premises.**
- For yearly renewal, the organization must continue to qualify as a membership association as described above.

Section A. Instructions to the Applicant for Registration

- The name of the applicant or entity must be the same on all supporting documentation submitted.
- The application for registration must be completed and signed as indicated.
- If the membership association application is being submitted by a person who is not a member, then the person applying on the applicant's behalf, if not an attorney, must present a power of attorney.
- The person holding power of attorney must present one acceptable form of his/her photo identification as detailed below (instead of the applicant's photo identification).
- Except where noted, original documentation must be provided; no copies or facsimiles will be accepted.

Submitting the application

- Submit the completed application for registration and supporting documents in person to the Public Health Director, Cattaraugus County Health Department, 1 Leo Moss Drive, Olean, New York 14760. The application for registration will be reviewed to ensure that all forms have been correctly completed and that all required documentation is presented. If all required documentation is not provided, you will be notified, and your application will not be processed until it is complete.

Section B. The Following documentation is required:

1. A copy of the organization's bylaws and governing rules and/or policies, or, if no bylaws, any other document describing the organization's main purpose, governing structure (i.e. president, chief, grandmaster, treasurer, secretary, etc.) and the process used to elect or select the governing structure.
2. Describe or provide any brochures or applications that indicate how an individual becomes a member of your organization; selection criteria for potential members; member application forms; screening procedures, if any, member duties and obligations, and membership dues.
3. Provide organization's federal EIN or State tax identification number, as applicable, and copies of federal tax exemption for organization, and registration with the State Attorney General as a charitable or philanthropic organization.
4. If your organization is incorporated as a not-for-profit corporation in New York State or another state, AND has tax-exempt status from the Internal Revenue Service, then please supply one of the following:
 1. A copy of the IRS letter confirming your tax-exempt status AND a copy of your latest Form 990 (or other tax return) filed with IRS; OR
 2. A copy of the New York State Department of Law Charities Bureau Form CHAR 410 ("Charities Registration Statement") AND your most recently filed Annual Financial Report, Form CHAR 497, filed with same Bureau.
5. A copy of the current general liability insurance, workers' compensation, or other insurance policies showing all coverages, and any insurance audit showing which members or employees are covered by such insurance.
6. A copy of the lease, deed, or title for each location used and controlled by the membership association, which is being registered or covered by this application.
7. Attach a copy of the most recent tax returns, both federal and state, if applicable.



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Section C. Application for Registration As Membership Association

(Type or print legibly in blue or black ink; complete a separate application for each site being registered).

Part 1.

Entity Information

Name:

Title or Position:

Phone no:

<input type="text"/>	<input type="text"/>
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Name of Organization:

Facility Location:

City / Town / Village (circle one)

<input type="text"/>	<input type="text"/>
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Primary Mailing Address, if applicable

Building Number:

Street:

<input type="text"/>	<input type="text"/>
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City:

State:

Zip Code:

Telephone:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Hours of Operation (e.g. from 1 PM – 2 AM, as applicable)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2.

A. Name of Incorporated Entity: attach a copy of the certificate of incorporation and the receipt for filing with the New York State Secretary of State

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Date Incorporated:

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States(s) where incorporated:

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B. Non-corporation. Date organization established in New York. Provide copies of documents, e.g., charters, indicating status, and date organization founded in New York State. Indicate whether organization is a chapter or post of a national membership organization.

Date Founded:

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Document(s) Submitted:

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Part 3.

List full name and title of all officer, directors, senior or governing members, or members in charge. Use additional sheets of paper, if necessary.

1. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

2. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

3. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

4. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

5. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

6. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

7. Last Name	First Name:	Title	SS No.:
			— —

Building Number:	Street:

City:	State:	Zip Code:	Telephone:

Acknowledgement and Certification

I, _____, state that I am the **Chief Elected Officer**
(Name)

(_____) of _____,
(Actual Title) (Name of Organization)

and have completed the above application for registration of such entity as a membership association, and that the statements made therein and the documents submitted are truthful to the best of my knowledge. I acknowledge that this membership association has no paid employees or volunteers that receive any type of compensation for services as defined in the definition section on page one. I further acknowledge that I and the persons I represent are fully aware of the consequences, including revocation of such exemption, disclosure of any illegal employment reporting or practices to appropriate agencies, and civil (up to \$1,000 for each violation) and criminal penalties, which may result if any statement or document provided is determined to be false.

Dated: _____ Signature: _____

Sworn to before me

this ____ day of _____, 200__.

Notary Public

(Social Security numbers are being requested for the purpose of identification and verification of the facts alleged herein, and shall be maintained with the confidentiality required by, and shall not be further disclosed except in accordance with, applicable law.)