

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - YONKERS JR. & SR. H Facility Code: 02-2488-A

Address 150 ROCKLAND AVENUE Business Phone (914) 376-8166
YONKERS, NY 10705 Business Fax () -

Location City of YONKERS Business Website _____

County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2488-A**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **960.00**

Permitted Operation

YONKERS B.O.E. - YONKERS JR. & SR. H.S. Operation ID: **458594**

Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Additional Operations Regulated by this Permit

Operation Name	ID	Operation Type	Operation Category	Status	Capacity
YONKERS B.O.E. - YONKERS JR. & SR. H.S. - COMMISSA	458595	Food Service Establishment	Commissary	Active	0 Seats

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - GORTON HIGH SCHOOL Facility Code: 02-2494-A

Address 100 SHONNARD PLACE Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -

Location City of YONKERS Business Website _____

County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2494-A

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 540.00

Permitted
Operation

YONKERS B.O.E. - GORTON HIGH SCHOOL Operation ID: 458598
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - ROOSEVELT H.S. Facility Code: 02-2487-B

Address 631 TUCKAHOE ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -

Location City of YONKERS Business Website _____

County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2487-B**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **420.00**

Permitted Operation **YONKERS B.O.E. - ROOSEVELT H.S.** Operation ID: **458590**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 100 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - LINCOLN HIGH SCHOOL Facility Code: 02-2486-A

Address 375 KNEELAND AVENUE Business Phone (914) 376-8166
YONKERS, NY 10704 Business Fax () -

Location City of YONKERS Business Website _____
 County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2486-A**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **960.00**

Permitted Operation YONKERS B.O.E. - LINCOLN HIGH SCHOOL
Institutional Food Service - School K-12 Food Service Operation ID: **458560**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Additional Operations Regulated by this Permit

Operation Name	ID	Operation Type	Operation Category	Status	Capacity
YONKERS B.O.E. - LINCOLN HIGH SCHOOL - COMMISSARY	328203	Food Service Establishment	Commissary	Active	

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - FERMI SCHOOL Facility Code: 02-2496-A
Address 27 POPLAR STREET Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2496-A**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **540.00**

Permitted Operation **YONKERS B.O.E. - FERMI SCHOOL** Operation ID: **458606**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - HAWTHORNE SCHOOL Facility Code: 02-2495-B
Address 350 HAWTHORNE AVENUE Business Phone (914) 376-8166
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2495-B**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **420.00**

Permitted Operation **YONKERS B.O.E. - HAWTHORNE SCHOOL** Operation ID: **458603**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 30 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - SAUNDERS H.S. Facility Code: 02-4887-A
Address 183 PALMER ROAD Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-4887-A
Permit Expiration Date
April 30, 2020
Total Fee Due \$ 960.00

Permitted Operation **YONKERS B.O.E. - SAUNDERS H.S.** Operation ID: **458810**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Additional Operations Regulated by this Permit

Operation Name	ID	Operation Type	Operation Category	Status	Capacity
YONKERS B.O.E. - SAUNDERS H.S. - COMMISSARY	458811	Food Service Establishment	Commissary	Active	

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - CROSS HILL ACADEMY Facility Code: 02-2499-A
 Address 160 BOLMER AVENUE Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -
 Location City of YONKERS Business Website _____
 County WESTCHESTER Business Email _____
 Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2499-A
Permit Expiration Date April 30, 2020
Total Fee Due \$ 960.00

Permitted Operation YONKERS B.O.E. - CROSS HILL ACADEMY Operation ID: **458621**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
 Capacity: 0 Seats Days/Hours of Operation: _____

Additional Operations Regulated by this Permit

Operation Name	ID	Operation Type	Operation Category	Status	Capacity
YONKERS B.O.E. - CROSS HILL ACADEMY - COMMISSARY	458622	Food Service Establishment	Commissary	Active	

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
 Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
 City, State, Zip YONKERS NY 10701-
 Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
 Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
 City, State, Zip YONKERS NY 10701-
 Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
 Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - YONKERS MONTESSORI Facility Code: 02-2497-A
Address 160 WOODLAWN AVENUE Business Phone (914) 376-8166
YONKERS, NY 10704 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2497-A
Permit Expiration Date
April 30, 2020
Total Fee Due \$ 960.00

Permitted
Operation

YONKERS B.O.E. - YONKERS MONTESSORI ACADEMY Operation ID: **458611**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Additional Operations Regulated by this Permit

Operation Name	ID	Operation Type	Operation Category	Status	Capacity
YONKERS B.O.E. - YONKERS MONTESSORI ACADEMY - COMM	458613	Food Service Establishment	Commissary	Active	0

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

**Permit to Operate
Renewal Application**

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - RIVERSIDE H.S. Facility Code: 02-6701-A

Address 565 WARBURTON AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -

Location City of YONKERS Business Website _____

County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-6701-A

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 960.00

Permitted Operation YONKERS B.O.E. - RIVERSIDE H.S. **Operation ID:** 459238
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal **If Seasonal:** Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats **Days/Hours of Operation:** _____

Additional Operations Regulated by this Permit

Operation Name	ID	Operation Type	Operation Category	Status	Capacity
YONKERS B.O.E. - RIVERSIDE H.S. - COMMISSARY	459240	Food Service Establishment	Commissary	Active	

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - ROBERT C. DODSON SC Facility Code: 02-6700-B
Address 105 AVONDALE ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-6700-B

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 420.00

Permitted
Operation

YONKERS B.O.E. - ROBERT C. DODSON SCHOOL
Institutional Food Service - School K-12 Food Service

Operation ID: 459218

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - W. B. THOMPSON SCHO Facility Code: 02-6991-B
Address 1061 NORTH BROADWAY Business Phone (914) 376-8563
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-6991-B**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **540.00**

Permitted
Operation

YONKERS B.O.E. - W. B. THOMPSON SCHOOL Operation ID: **458261**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 160 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - PALISADES PREP SCHO Facility Code: 02-7518-B
Address 201 PALISADE AVENUE Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-7518-B

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 540.00

Permitted
Operation

YONKERS B.O.E. - PALISADES PREP SCHOOL
Institutional Food Service - School K-12 Food Service

Operation ID: 459477

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 200 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8177 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8177 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - CESAR & CHAVEZ Facility Code: 02-7534-C
Address 20 CEDAR PLACE Business Phone (914) 376-8968
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE- FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-7534-C**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **460.00**

Permitted Operation **YONKERS B.O.E. - CESAR & CHAVEZ** Operation ID: **442872**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 200 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First MI Last
Address C/O CHERISE TAFE- FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE- FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - THOMAS CORNELL ACAD Facility Code: 02-8260-C
Address 15 ST. MARY'S PLACE Business Phone (914) 376-8313
YONKERS, NY 107-01 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-8260-C

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 330.00

Permitted
Operation

YONKERS B.O.E. - THOMAS CORNELL ACADEMY
Institutional Food Service - School K-12 Food Service

Operation ID: 784503

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: _____ ? Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8000 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8000 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #5 Facility Code: 02-2502-B

Address 118 LOCKWOOD AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -

Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2502-B**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **420.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #5 Operation ID: **458625**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #8 (DICHIARO) Facility Code: 02-2505-B
Address 373 BRONXVILLE ROAD Business Phone (914) 376-8166
BRONXVILLE, NY 10708 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2505-B

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 420.00

Permitted
Operation

YONKERS B.O.E. - P.S. #8 (DICHIARO)
Institutional Food Service - School K-12 Food Service

Operation ID: 458627

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #9 Facility Code: 02-2506-C

Address 53 FAIRVIEW STREET Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -

Location City of YONKERS Business Website _____

County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2506-C**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **330.00**

Permitted Operation **YONKERS B.O.E. - P.S. #9** Operation ID: **458647**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHEERISE M TAFE
Title First MI Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #13 Facility Code: 02-2510-B
Address 195 MCLEAN AVENUE Business Phone (914) 376-8166
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2510-B

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 420.00

Permitted
Operation

YONKERS B.O.E. - P.S. #13
Institutional Food Service - School K-12 Food Service

Operation ID: 458651

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First MI Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #14 (SIRAGUSA) Facility Code: 02-2511-B
Address 60 CRESCENT PLACE Business Phone (914) 376-8166
YONKERS, NY 10704 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2511-B**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **420.00**

Permitted Operation **YONKERS B.O.E. - P.S. #14 (SIRAGUSA)** Operation ID: **458653**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 24 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - PAIDEIA SCHOOL #15 Facility Code: 02-7280-C
Address 175 WESTCHESTER AVENUE Business Phone (914) 376-8665
YONKERS, NY 10707 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-7280-C**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - PAIDEIA SCHOOL #15 Operation ID: **468165**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8665 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8665 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #16 Facility Code: 02-2513-C
Address 759 NORTH BROADWAY Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2513-C**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **330.00**

Permitted Operation **YONKERS B.O.E. - P.S. #16** Operation ID: **481580**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 20 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency-Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - SCHOOL 16 ANNEX Facility Code: 02-8391-C
Address 750 NORTH BROADWAY Business Phone (914) 376-8340
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-8391-C

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 330.00

Permitted
Operation

YONKERS B.O.E. - SCHOOL 16 ANNEX Operation ID: 863575
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 100 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8000 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8000 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #17 Facility Code: 02-2514-B
Address 745 MIDLAND AVENUE Business Phone (914) 376-8166
YONKERS, NY 10704 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2514-B**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **420.00**

Permitted Operation **YONKERS B.O.E. - P.S. #17** Operation ID: **458666**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #18 Facility Code: 02-2515-C
Address 77 PARK HILL AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2515-C**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **330.00**

Permitted Operation **YONKERS B.O.E. - P.S. #18** Operation ID: **458689**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #19 (HOSTOS) Facility Code: 02-2516-C
Address 75 MORRIS STREET Business Phone (914) 376-8166
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2516-C
Permit Expiration Date
April 30, 2020
Total Fee Due \$ 330.00

Permitted Operation YONKERS B.O.E. - P.S. #19 (HOSTOS) Operation ID: 458699
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOL.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOL.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #21 Facility Code: 02-2517-B

Address 100 LEE AVENUE Business Phone (917) 376-8166
YONKERS, NY 10705 Business Fax () -

Location City of YONKERS Business Website _____

County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2517-B
Permit Expiration Date April 30, 2020
Total Fee Due \$ 420.00

Permitted Operation YONKERS B.O.E. - P.S. #21 Operation ID: 458703
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #22 Facility Code: 02-2518-C
Address 1408 NEPPERHAN AVENUE Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2518-C

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 330.00

Permitted
Operation

YONKERS B.O.E. - P.S. #22 Operation ID: 458705
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #23 Facility Code: 02-2519-C
Address 56 VAN CORTLANDT PARK AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2519-C

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 330.00

Permitted
Operation

YONKERS B.O.E. - P.S. #23 Operation ID: 458707
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First MI Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - PAIDEIA SCHOOL #24 Facility Code: 02-7246-C
Address 50 COLIN STREET Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-7246-C**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - PAIDEIA SCHOOL #24
Institutional Food Service - School K-12 Food Service

Operation ID: **467544**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 99 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First MI Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #25 Facility Code: 02-2521-C

Address 579 WARBURTON AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -

Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2521-C**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #25 Operation ID: **458709**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact

Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #26 (PULASKI) Facility Code: 02-2522-C
Address 150 KINGS CROSS Business Phone (914) 376-8166
YONKERS, NY 10583 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2522-C**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #26 (PULASKI)
Institutional Food Service - School K-12 Food Service

Operation ID: **458713**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 96 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #27 Facility Code: 02-2523-B
Address 132 VALENTINE LANE Business Phone (914) 376-8166
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2523-B

Permit Expiration Date
April 30, 2020

Total Fee Due \$ 420.00

Permitted
Operation

YONKERS B.O.E. - P.S. #27
Institutional Food Service - School K-12 Food Service

Operation ID: 458716

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First MI Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #28 (GIBRAN) Facility Code: 02-2524-B
Address 18 ROSEDALE ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2524-B
Permit Expiration Date
April 30, 2020
Total Fee Due \$ 420.00

Permitted Operation YONKERS B.O.E. - P.S. #28 (GIBRAN) Operation ID: 458720
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #29 Facility Code: 02-2525-B
Address 47 CROYDON ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2525-B**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **420.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #29
Institutional Food Service - School K-12 Food Service

Operation ID: **458722**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #30 Facility Code: 02-2526-B
Address 30 NEVADA PLACE Business Phone (914) 376-8166
BRONXVILLE, NY 10708 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2526-B**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **420.00**

Permitted Operation **YONKERS B.O.E. - P.S. #30** Operation ID: **458724**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #31 Facility Code: 02-6764-B
Address 7 RAVENSWOOD ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-6764-B**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **420.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #31
Institutional Food Service - School K-12 Food Service

Operation ID: **459272**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 60 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - P.S. #32 (FAMILY) Facility Code: 02-2528-C
Address 1 MONTCLAIR PLACE Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2528-C**

Permit Expiration Date
April 30, 2020

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #32 (FAMILY) Operation ID: **458725**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail CTAFE@YONKERSPUBLICSCHOOLS.ORG

Permit to Operate
Renewal Application

Westchester County Department of Health

Business / Location Information (Please modify only if information has changed.)

Business Name YONKERS B.O.E. - MARTIN LUTHER KING Facility Code: 02-2529-B
Address 135 LOCUST HILL AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____
Mail To
YONKERS BOARD OF EDUCATION
C/O CHERISE TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number **02-2529-B**
Permit Expiration Date
April 30, 2020
Total Fee Due \$ **420.00**

Permitted
Operation

YONKERS B.O.E. - MARTIN LUTHER KING JR. SCHOOL Operation ID: **458726**
Institutional Food Service - School K-12 Food Service

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day
Capacity: 0 Seats _____ Days/Hours of Operation: _____

Permit Applicant Information (Please modify only if information has changed.)

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOODSERVICE DIRECTOR CHERISE M TAFE
Title First M.I. Last
Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address C/O CHERISE TAFE - FOOD SERVICES 1 LARKIN CENTER
City, State, Zip YONKERS NY 10701-
Primary Phone (914) 376-8166 Ext _____ Cell Fax () - Emergency Contact
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

Finance Use Only

Yonkers Public Schools

Claim # C

Claimant's Voucher

84204622

Vendor #

Exempt from N.Y. State and Local Taxes

Yes No

Contract

Special Handling

RETURN TO:

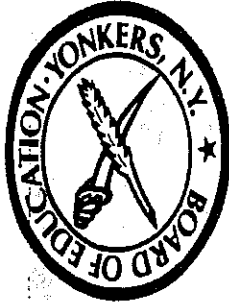
PHONE #:

Name: Westchester County Department of Health

Fed. I.D./Soc Sec. #

Address:

25 Moore Avenue
Mount Kisco, NY 10549



Finance Use Only

Purpose:

CL	Description/Invoice # (Max = 27 spaces)	FUND	AGCY	ORGN	ACTV	OBJT	Contract #	Line #	F/P
1	Health Part. #1	270	437	0000	2860	4000			
2	#2								
3									
4									
5									

Tracking #

Please fill in your School/Department and Phone Number where you can be reached.

Food Services (914) 376-8166 School/Department Phone #

Finance use	RSRC	BACC	CHECK #	\$ Amount
				11,980.00
				6,990.00
Total:				18,970.00

School/Department Use:

Prepared by: William Pan Date: 3/20/02

Approval: [Signature] Date: 4/9/02

Approval: _____ Date: _____

Grant Approval: _____ Date: _____

Finance Department Use Only

Contract Review: _____ Date: _____

Grants Review: _____ Date: _____

A/P Review: _____ Date: _____

Approved By: _____

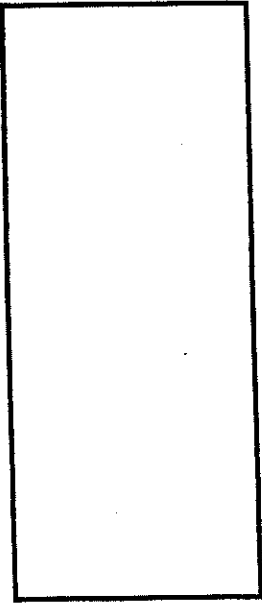
YONKERS PUBLIC SCHOOLS

CAFETERIA DEPARTMENT

DETAIL OF CLAIM



APPROVED FOR PAYMENT PROCESSING STAMP



CUSTOMER: WESTCHESTER COUNTY DEPT. OF HEALTH

RE: SCHOOL HEALTH CERTIFICATES

DATE	NAME OF SCHOOL	INVOICE NUMBER	AMOUNT OF INVOICE
	PS# 15 <i>Vaidia</i>		330. ⁰⁰
	PS# 16		330. ⁰⁰
	PS# 16 <i>Annex</i>		330. ⁰⁰
	PS# 17		420. ⁰⁰
	PS# 18		330. ⁰⁰
	PS# 19		330. ⁰⁰
	PS# 21		420. ⁰⁰
	PS# 22		330. ⁰⁰
	PS# 23		330. ⁰⁰
	PS# 24		330. ⁰⁰
	PS# 25		330. ⁰⁰
	PS# 26 - <i>Pulaski</i>		420. ⁰⁰
	PS# 27		420. ⁰⁰
	PS# 28		420. ⁰⁰
	PS# 29		420. ⁰⁰
	PS# 30		420. ⁰⁰
	PS# 31		330. ⁰⁰
	PS# 32		420. ⁰⁰
	<i>Martin L. King School</i>		420. ⁰⁰
		<i>Sub Total</i>	6990. ⁰⁰

GRAND TOTAL

(21

18970.⁰⁰

YONKERS PUBLIC SCHOOLS

CAFETERIA DEPARTMENT

DETAIL OF CLAIM



APPROVED FOR PAYMENT PROCESSING STAMP

CUSTOMER: WESTCHESTER COUNTY DEPT. OF HEALTH

RE: SCHOOL HEALTH CERTIFICATES

DATE	NAME OF SCHOOL	INVOICE NUMBER	AMOUNT OF INVOICE
	Yonkers Middle High School		960. ⁰⁰
	Gorton H.S.		540. ⁰⁰
	Roosevelt H.S.		420. ⁰⁰
	Lincels H.S.		960. ⁰⁰
	Fermi school		540. ⁰⁰
	Nawthorne Pearl School		420. ⁰⁰
	Saunders H.S.		960. ⁰⁰
	Cross Hill Academy School		960. ⁰⁰
	Yonkers Mont. Academy School		960. ⁰⁰
	Riverwide H.S.		960. ⁰⁰
	Robert Dodson School		420. ⁰⁰
	Boyer Thompson School (Portie)		540. ⁰⁰
	Parkades Prep. School		540. ⁰⁰
	Cesar E. Chavez School		460. ⁰⁰
	Thomas Cornell Academy School		330. ⁰⁰
	PS# 5		420. ⁰⁰
	PS# 8		420. ⁰⁰
	PS# 9		330. ⁰⁰
	PS# 13		420. ⁰⁰
	PS# 14		420. ⁰⁰

Sub GRAND TOTAL

(1)

11,980.⁰⁰