

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, 2025

Total Fee Due \$ **420.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #5
Institutional Food Service - School K-12 Food Service

Operation ID: **458625**

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 BRONXVILLE, NY 10708	Business Phone	(914) 376-8166
		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, 2025	
		Total Fee Due \$ 420.00	

**Permitted
Operation**

YONKERS B.O.E. - P.S. #8 (DICHIARO)

Operation ID: 458627

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. #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, 2025

Total Fee Due \$ 420.00

Permitted
Operation

YONKERS B.O.E. - P.S. #13

Operation ID: 458651

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. #14 (SIRAGUSA)		Facility Code: 02-2511-B
Address	60 CRESCENT PLACE YONKERS, NY 10704	Business Phone	(914) 376-8166
		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, 2025	
		Total Fee Due \$ 420.00	

Permitted
Operation

YONKERS B.O.E. - P.S. #14 (SIRAGUSA)
Institutional Food Service - School K-12 Food Service

Operation ID: 458653

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	<input type="checkbox"/> Cell	Fax () - Emergency Contact <input type="checkbox"/>
Other Phone	() -	Ext	<input type="checkbox"/> 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	<input type="checkbox"/> Cell	Fax () - Emergency Contact <input type="checkbox"/>
Other Phone	() -	Ext	<input type="checkbox"/> 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, 2025

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - PAIDEIA SCHOOL #15
Institutional Food Service - School K-12 Food Service

Operation ID: **468165**

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

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. #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, 2025

Total Fee Due \$ 330.00

Permitted
Operation

YONKERS B.O.E. - P.S. #16
Institutional Food Service - School K-12 Food Service

Operation ID: 481580

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, 2025

Total Fee Due \$ 330.00

**Permitted
Operation**

YONKERS B.O.E. - SCHOOL 16 ANNEX
Institutional Food Service - School K-12 Food Service

Operation ID: 863575

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. - 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, 2025

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 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. #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, 2025

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #17
Institutional Food Service - School K-12 Food Service

Operation ID: 458666

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, 2025

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #18
Institutional Food Service - School K-12 Food Service

Operation ID: **458689**

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, 2025

Total Fee Due \$ **330.00**

Permitted
Operation

YONKERS B.O.E. - P.S. #19 (HOSTOS)
Institutional Food Service - School K-12 Food Service

Operation ID: **458699**

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. #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, 2025

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, 2025

Total Fee Due \$ 330.00

Permitted
Operation

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

Operation ID: 458705

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, 2025

Total Fee Due \$ 330.00

**Permitted
Operation**

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

Operation ID: 458707

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. #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, 2025

Total Fee Due \$ 330.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #25
Institutional Food Service - School K-12 Food Service

Operation ID: 458709

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, 2025

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, 2025		
		Total Fee Due \$ 420.00		

**Permitted
Operation**

YONKERS B.O.E. - P.S. #27 **Operation ID: 458716**
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. #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, 2025

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #28 (GIBRAN)
Institutional Food Service - School K-12 Food Service

Operation ID: 458720

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, 2025

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, 2025

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #30
Institutional Food Service - School K-12 Food Service

Operation ID: 458724

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	<u>YONKERS B.O.E. - P.S. #31</u>	Facility Code:	<u>02-6764-B</u>
Address	<u>7 RAVENSWOOD ROAD</u>	Business Phone	<u>(914) 376-8166</u>
	<u>YONKERS, NY 10710</u>	Business Fax	<u>() -</u>
Location	<u>City of YONKERS</u>	Business Website	
County	<u>WESTCHESTER</u>	Business Email	
Mail To		Permit Number <u>02-6764-B</u>	
<u>YONKERS BOARD OF EDUCATION</u>		Permit Expiration Date	
<u>C/O CHERISE TAFE - FOOD SERVICES</u>		<u>April 30, 2025</u>	
<u>1 LARKIN CENTER</u>		Total Fee Due \$ <u>420.00</u>	
<u>YONKERS, NY 10701-</u>			

**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, 2025

Total Fee Due \$ 330.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #32 (FAMILY)
Institutional Food Service - School K-12 Food Service

Operation ID: 458725

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, 2025

Total Fee Due \$ 540.00

**Permitted
Operation**

YONKERS B.O.E. - W. B. THOMPSON SCHOOL
Institutional Food Service - School K-12 Food Service

Operation ID: 458261

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. - 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 PUBLIC SCHOOLS
C/O CHERISE TAFE- FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-7534-C

Permit Expiration Date
April 30, 2025

Total Fee Due \$ 460.00

**Permitted
Operation**

YONKERS B.O.E. - CESAR & CHAVEZ
Institutional Food Service - School K-12 Food Service

Operation ID: 442872

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 PUBLIC SCHOOLS

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE

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 PUBLIC SCHOOLS

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, 2025

Total Fee Due \$ 960.00

**Permitted
Operation**

YONKERS B.O.E. - CROSS HILL ACADEMY
Institutional Food Service - School K-12 Food Service

Operation ID: 458621

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. - 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, 2025

Total Fee Due \$ **540.00**

Permitted
Operation

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

Operation ID: **458606**

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. - 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, 2025

Total Fee Due \$ **540.00**

Permitted
Operation

YONKERS B.O.E. - GORTON HIGH SCHOOL
Institutional Food Service - School K-12 Food Service

Operation ID: **458598**

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, 2025

Total Fee Due \$ 420.00

**Permitted
Operation**

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

Operation ID: 458603

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. - 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, 2025

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.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 YONKERS, NY 10701	Business Phone	(914) 376-8166
		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, 2025	
		Total Fee Due \$ 420.00	

Permitted
Operation

YONKERS B.O.E. - MARTIN LUTHER KING JR. SCHOOL
Institutional Food Service - School K-12 Food Service

Operation ID: 458726

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	<input type="checkbox"/> Cell	Fax () - Emergency Contact <input type="checkbox"/>
Other Phone	() -	Ext	<input type="checkbox"/> 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 <input type="checkbox"/> Cell Fax () - Emergency Contact <input type="checkbox"/>
Other Phone	() -	Ext <input type="checkbox"/> 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, 2025

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. - 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, 2025

Total Fee Due \$ 960.00

**Permitted
Operation**

YONKERS B.O.E. - RIVERSIDE H.S.
Institutional Food Service - School K-12 Food Service

Operation ID: 459238

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. - 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, 2025

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - ROOSEVELT H.S.
Institutional Food Service - School K-12 Food Service

Operation ID: 458590

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. - 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, 2025

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. - 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, 2025

Total Fee Due \$ 960.00

**Permitted
Operation**

YONKERS B.O.E. - SAUNDERS H.S.
Institutional Food Service - School K-12 Food Service

Operation ID: 458810

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. - 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, 2025

Total Fee Due \$ 960.00

**Permitted
Operation**

YONKERS B.O.E. - YONKERS JR. & SR. H.S.
Institutional Food Service - School K-12 Food Service

Operation ID: 458594

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. - 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, 2025

Total Fee Due \$ 960.00

Permitted
Operation

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

Operation ID: 458611

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

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