

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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2488-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 800.00

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
<u>YONKERS B.O.E. - YONKERS JR. & SR. H.S. - COMMISSA</u>	<u>458595</u>	<u>Food Service Establishment</u>	<u>Commissary</u>	<u>Active</u>	<u>0</u> 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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2494-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 450.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2487-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
Capacity: 100 Seats Days/Hours of Operation: _____
Month/Day Month/Day

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2486-A
Permit Expiration Date
April 30, 2019
Total Fee Due \$ 800.00

Permitted Operation YONKERS B.O.E. - LINCOLN HIGH SCHOOL Operation ID: 458560
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. - 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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2496-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 450.00

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 _____
Capacity: 0 Seats Days/Hours of Operation: _____
Month/Day Month/Day

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 _____
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 _____
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 M. TAFE -- FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2495-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-4887-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 800.00

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 _____
 Capacity: 0 Seats Days/Hours of Operation: _____
Month/Day Month/Day

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2499-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 800.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2497-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 800.00

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
Title First M.I. Last
Address _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-6701-A

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 800.00

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 _____ 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 _____ 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-6700-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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 _____
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. - FOXFIRE SCHOOL 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-6991-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 450.00

Permitted
Operation

YONKERS B.O.E. - FOXFIRE 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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-7518-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 450.00

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 _____
Capacity: 200 Seats Days/Hours of Operation: _____
Month/Day Month/Day

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 _____
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 _____
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. - CEDAR PLACE SCHOOL 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-7534-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 385.00

Permitted
Operation

YONKERS B.O.E. - CEDAR PLACE SCHOOL
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 BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M. TAFE
Title First M.I. Last
Address _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-8260-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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. #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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2502-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2505-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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.I. Last
Address _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2506-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 CHERISE M. TAFE
Title First M.I. Last
Address _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2510-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 CHERTSE M. TAFE
Title First M.I. Last
Address 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 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2511-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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: _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-7280-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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. #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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2513-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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 M. TAFE -- FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-8391-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES

1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2514-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2515-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2516-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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 M. TAFE -- FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2517-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

Permitted
Operation

YONKERS B.O.E. - P.S. #21
Institutional Food Service - School K-12 Food Service

Operation ID: 458703

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2518-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2519-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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. - 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-7246-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

Permitted Operation YONKERS B.O.E. - PAIDEIA SCHOOL #24 Operation ID: 467544
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: 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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2521-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2522-C
Permit-Expiration Date
April 30, 2019
Total Fee Due \$ 275.00

Permitted Operation YONKERS B.O.E. - P.S. #26 (PULASKI) Operation ID: 458713
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: 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 _____ 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 _____ 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2523-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 Title CHERISE First M. Last TAFE
Address 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 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. - 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2524-B

Permit Expiration Date

April 30, 2019

Total Fee Due \$ 350.00

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 _____ 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@yonkespublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address _____ 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2525-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 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 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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2526-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-6764-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

Permitted Operation YONKERS B.O.E. - P.S. #31 Operation ID: 459272
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: 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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2528-C

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 275.00

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 _____
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 _____
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 M. TAFE - FOOD SERVICES
1 LARKIN CENTER
YONKERS, NY 10701-

Permit Number 02-2529-B

Permit Expiration Date
April 30, 2019

Total Fee Due \$ 350.00

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 _____
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 r.ctafe@yonkerspublicschools.org

Location Owner: YONKERS BOARD OF EDUCATION

Address _____
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 r.ctafe@yonkerspublicschools.org

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		800.00
	Gorton N.S.		450.00
	Rosevelt N.S.		350.00
	Lincoln N.S.		800.00
	Fernie School		450.00
	Mauwstone Veale School		350.00
	Maunders N.S.		800.00
	Coanville Academy School		800.00
	Yonkers Mont. Academy Sch.		800.00
	Riverdale N.S.		800.00
	Robert Dodson School		350.00
	Boyer Thompson (Fergie) School		450.00
	Valisacale Prep School		450.00
	Conat Chavez (Cedar Place) School		385.00
	Thomas Cornell Academy School		275.00
	PS# 5		350.00
	PS# 8		350.00
	PS# 9		275.00
	PS# 13		350.00
	PS# 14		350.00

(1)

Sub GRAND TOTAL

9985.00

YONKERS PUBLIC SCHOOLS

CAFETERIA DEPARTMENT

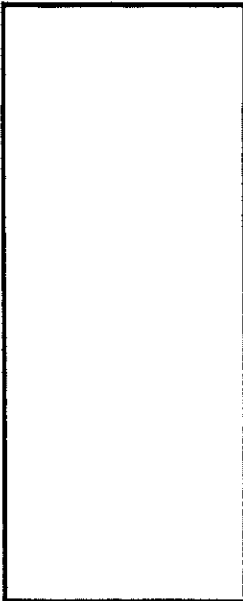
DETAIL OF CLAIM

APPROVED FOR PAYMENT PROCESSING STAMP



CUSTOMER: WESTCHESTER COUNTY DEPT. OF HEALTH

RE: SCHOOL HEALTH CERTIFICATES



DATE	NAME OF SCHOOL	INVOICE NUMBER	AMOUNT OF INVOICE
	PS# 15 <i>Prudelia</i>		275.00
	PS# 16		275.00
	PS# 16 Annex		275.00
	PS# 17		350.00
	PS# 18		275.00
	PS# 19		275.00
	PS# 21		350.00
	PS# 22		275.00
	PS# 23		275.00
	PS# 24		275.00
	PS# 25		275.00
	PS# 26		275.00
	PS# 27		350.00
	PS# 28		350.00
	PS# 29		350.00
	PS# 30		350.00
	PS# 31		350.00
	PS# 32		275.00
	<i>Martin J. King School</i>		350.00
	<i>Sub Total</i>		<i>5825.00</i>

GRAND TOTAL

15,810.00

(2)

Yonkers Public Schools

Claim # C

Finance Use Only

Special Handling

Claimant's Voucher

Vendor #

84204622

Exempt from N.Y. State and Local Taxes

Contract

Yes No

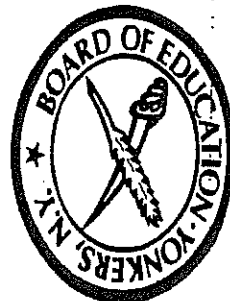
RETURN TO:
PHONE #:

Name: Westchester County Department of Health

Fed. I.D./Soc Sec. #

Address:

25 Moore Avenue
Mount Kisco, NY 10549



Purpose:

CL	Description/Invoice # (Max = 27 spaces)	FUND	AGCY	ORGN	ACTV	OBJT	Contract #	Line #	F/P
1	Meets Cont. # 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
School/Department

(914) 376-8166
Phone #

School/Department Use:

Prepared by:

Deleena Jan

Date:

3-1-19

Approval:

[Signature]

Date:

3/1/19

Approval:

Grant Approval:

[Signature]

Date:

Revised as of 8/29/2008

Claim Model - new revised form.xls

Finance Department Use Only

Contract Review:

Date:

Grants Review:

Date:

A/P Review:

Date:

Approved By:

RSRC	BACC	CHECK #	\$ Amount
			9985.00
			5825.00
Total:			15,810.00

Finance Use Only

(31)