

WE ARE YOUR DOL



Department
of Labor

www.labor.ny.gov

Division of Labor Standards

Office Use Only				
	Grant	Deny	Signature	Date
Super- visor's Recom- menda- tion				

Application for Meal Period of Less Than Thirty Minutes

Prepare in duplicate, answer all questions and use additional sheets if necessary.

1. Trade name of establishment _____

3. Address Street and no. City or Post Office County Zip code

3. Ownership Individual Partnership Corporation Name of individual owner, names of partners, or name of corporation president

4. Nature of business Industry Product Process

5. Length of meal period requested 6. No. of employees for requested meal period 7. Spread of hours (incl. meal period) under requested schedule _____

_____ Minutes Total _____

8. What specific difficulties make this request necessary?

9. Have any other efforts or scheduling adjustments been made to solve the difficulties?

If yes, explain:

_____ (Yes or No)

10. Is there any employee objection to the requested meal period?

_____ (Yes or No)

if yes, give nature of such objection:

Over

11. Are your employees represented by a collective bargaining organization?

_____ (Yes or No)

If yes, give name and address of such organization.

12. Will eating facilities be available to persons who would have the short meal period?

_____ (Yes or No)

If yes, describe such facilities:

13. Will any duties be required of any person during his or her short meal period?

_____ (Yes or No)

If yes, explain:

14. No permit or certificate can be issued unless the certification immediately below is completed

I hereby certify that the above statements are true and accurate. I further certify that the establishment making this application carries:

Workers' Compensation Insurance, Policy No. _____ effective _____ expiring on _____

Issued by _____ and
(Name of insurance company)

Disability Benefits Insurance, Policy No. _____ effective _____ expiring on _____

Issued by _____
(Name of insurance company)

15. _____ 16. _____ 17. _____
Signature Title Date

18. Retain duplicate copy and mail original to office checked below:

- State Office Campus, Bldg. 12, Rm. 185A, Albany, NY 12226
- 400 Oak Street, Suite 102, Garden City, NY 11530
- 295 Main Street, Suite.914, Buffalo, NY 14203
- 276 Waring Road, Rm. 104, Rochester, NY 14609

- 55 Hanson Place, 11th Floor, Brooklyn, NY 11217
- 333 E. Washington Street, Rm. 121, Syracuse, NY 13202
- 120 Bloomingdale Road, White Plains, NY 10605