

**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, 2023

Total Fee Due \$ 960.00

Permitted Operation

YONKERS B.O.E. - YONKERS JR. & SR. H.S. Operation ID: 458594
Institutional Food Service - School K-12 Food Service

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - GORTON HIGH SCHOOL **Facility Code:** 02-2494-A
Address 100 SHONNARD PLACE **Business Phone** (914) 376-8166
YONKERS, NY 10703 **Business Fax** () -
Location City of YONKERS **Business Website** _____
County WESTCHESTER **Business Email** _____

Mail To

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

Permit Number 02-2494-A

Permit Expiration Date
April 30, 2023

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. - 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, 2023

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. - 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, 2023

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. - 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, 2023

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. - 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, 2023

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. - 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, 2023**

Total Fee Due \$ 960.00

**Permitted
Operation**

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

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - CROSS HILL ACADEMY Facility Code: 02-2499-A
 Address 160 BOLMER AVENUE Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -
 Location City of YONKERS Business Website _____
 County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2499-A

**Permit Expiration Date
April 30, 2023**

Total Fee Due \$ 960.00

**Permitted
Operation**

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

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

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

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

Permit Number 02-2497-A
Permit Expiration Date
April 30, 2023
Total Fee Due \$ 960.00

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

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - RIVERSIDE H.S. Facility Code: 02-6701-A
 Address 565 WARBURTON AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
 Location City of YONKERS Business Website _____
 County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-6701-A

**Permit Expiration Date
April 30, 2023**

Total Fee Due \$ 960.00

Permitted Operation

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

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - ROBERT C. DODSON SC Facility Code: 02-6700-B
Address 105 AVONDALE ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-6700-B

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - ROBERT C. DODSON SCHOOL Operation ID: **459218**
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. - 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, 2023

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. - 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, 2023

Total Fee Due \$ 540.00

**Permitted
Operation**

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

Operation ID: 459477

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - CESAR & CHAVEZ Facility Code: 02-7534-C
Address 20 CEDAR PLACE Business Phone (914) 376-8968
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-7534-C

Permit Expiration Date
April 30, 2023

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 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. - THOMAS CORNELL ACAD Facility Code: 02-8260-C
Address 15 ST. MARY'S PLACE Business Phone (914) 376-8313
YONKERS, NY 107-01 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-8260-C

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 330.00

Permitted
Operation

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

Operation ID: 784503

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

Permit to Operate
Renewal Application

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #5 Facility Code: 02-2502-B
Address 118 LOCKWOOD AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2502-B

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 420.00

Permitted
Operation

YONKERS B.O.E. - P.S. #5

Operation ID: 458625

Institutional Food Service - School K-12 Food Service

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

Permit to Operate
Renewal Application

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #8 (DICHIARO) Facility Code: 02-2505-B
Address 373 BRONXVILLE ROAD Business Phone (914) 376-8166
BRONXVILLE, NY 10708 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2505-B

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 420.00

Permitted
Operation

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

Operation ID: 458627

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First M.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. #9 Facility Code: 02-2506-C
Address 53 FAIRVIEW STREET Business Phone (914) 376-8166
YONKERS, NY 10703 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2506-C

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 330.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #9

Operation ID: 458647

Institutional Food Service - School K-12 Food Service

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHEERISE M TAFE
Title First 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, 2023

Total Fee Due \$ 420.00

Permitted
Operation

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

Operation ID: 458651

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

Person in Charge FOOD SERVICE DIRECTOR CHERISE M TAFE
Title First 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 Business Phone (914) 376-8166
YONKERS, NY 10704 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number **02-2511-B**

Permit Expiration Date
April 30, 2023

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - PAIDEIA SCHOOL #15 **Facility Code:** 02-7280-C

Address 175 WESTCHESTER AVENUE **Business Phone** (914) 376-8665
YONKERS, NY 10707 **Business Fax** () -

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

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

Permit Number 02-7280-C

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 330.00

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

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

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

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8665 Ext _____ Cell Fax () - **Emergency Contact**

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

Location Owner: YONKERS BOARD OF EDUCATION

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

City, State, Zip YONKERS NY 10701-

Primary Phone (914) 376-8665 Ext _____ Cell Fax () - **Emergency Contact**

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

**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, 2023

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, 2023

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. - 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, 2023
Total Fee Due \$ 420.00

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

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

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

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

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #18 **Facility Code:** 02-2515-C
Address 77 PARK HILL AVENUE **Business Phone** (914) 376-8166
YONKERS, NY 10701 **Business Fax** () -
Location City of YONKERS **Business Website** _____
County WESTCHESTER **Business Email** _____

Mail To

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

Permit Number 02-2515-C

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 330.00

**Permitted
Operation**

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

Permit to Operate
Renewal Application

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #19 (HOSTOS) Facility Code: 02-2516-C
Address 75 MORRIS STREET Business Phone (914) 376-8166
YONKERS, NY 10705 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2516-C

Permit Expiration Date
April 30, 2023

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, 2023

Total Fee Due \$ 420.00

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 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, 2023

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, 2023

Total Fee Due \$ 330.00

Permitted
Operation

YONKERS B.O.E. - P.S. #23

Operation ID: 458707

Institutional Food Service - School K-12 Food Service

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - PAIDEIA SCHOOL #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, 2023

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. #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, 2023

Total Fee Due \$ 330.00

Permitted
Operation

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #26 (PULASKI) Facility Code: 02-2522-C
Address 150 KINGS CROSS Business Phone (914) 376-8166
YONKERS, NY 10583 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2522-C

Permit Expiration Date
April 30, 2023

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, 2023

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, 2023
Total Fee Due \$ 420.00

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

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

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

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

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #29 Facility Code: 02-2525-B
Address 47 CROYDON ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2525-B

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #29 Operation ID: **458722**
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. #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, 2023

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 YONKERS B.O.E. - P.S. #31 Facility Code: 02-6764-B
Address 7 RAVENSWOOD ROAD Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-6764-B

Permit Expiration Date
April 30, 2023

Total Fee Due \$ 420.00

**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 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, 2023

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. - MARTIN LUTHER KING **Facility Code:** 02-2529-B
Address 135 LOCUST HILL AVENUE **Business Phone** (914) 376-8166
YONKERS, NY 10701 **Business Fax** () -
Location City of YONKERS **Business Website** _____
County WESTCHESTER **Business Email** _____

Mail To

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

Permit Number 02-2529-B

Permit Expiration Date
April 30, 2023

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 _____ Cell Fax () - **Emergency Contact**
Other Phone () - Ext _____ Cell E-mail ctafe@yonkerspublicschools.org

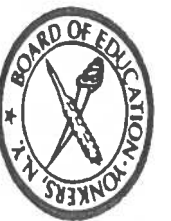
Location Owner: YONKERS BOARD OF EDUCATION

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

YONKERS PUBLIC SCHOOLS

CAFETERIA DEPARTMENT

DETAIL OF CLAIM



APPROVED FOR PAYMENT PROCESSING STAMP

CUSTOMER: WESTCHESTER COUNTY DEPT. OF HEALTH

RE: SCHOOL HEALTH CERTIFICATES

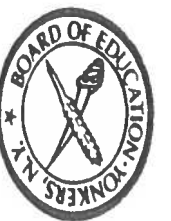
DATE	NAME OF SCHOOL	INVOICE NUMBER	AMOUNT OF INVOICE
	Yonkers Middle High School		960.00
	Gorton High School		540.00
	Roosevelt High School		420.00
	Pineale High School		960.00
	Fornic School		540.00
	Therthorne Pools School		420.00
	Saunders High School		960.00
	Cross Hill Academy School		960.00
	Yonkers Montessori Academy Sch.		960.00
	Riverview High School		420.00
	Robert C. Dodson School		540.00
	W.D. B. Thompson School		540.00
	Barack Obama School (Private)		460.00
	Conas E. Charley School		330.00
	Thomas Barnette Academy Sch.		420.00
	P# 5		420.00
	P# 8 - DiChicco		330.00
	P# 9		420.00
	P# 13 - Mrs. Hermana Virabal		420.00
	P# 14 - R. Siqueira School		420.00
Sub GRAND TOTAL			11,980.00

(11)

YONKERS PUBLIC SCHOOLS

CAFETERIA DEPARTMENT

DETAIL OF CLAIM



APPROVED FOR PAYMENT PROCESSING STAMP

[Empty rectangular box for stamp]

CUSTOMER: WESTCHESTER COUNTY DEPT. OF HEALTH

RE: SCHOOL HEALTH CERTIFICATES

DATE	NAME OF SCHOOL	INVOICE NUMBER	AMOUNT OF INVOICE
	PS# 15 - Paldania		330.00
	PS# 16 -		330.00
	PS# 16 - Annex		330.00
	PS# 17 -		490.00
	PS# 18 - Ella Fitzgerald Academy		330.00
	PS# 19 - Eugenio Luis Soderstrom		490.00
	PS# 21		330.00
	PS# 22		330.00
	PS# 23		330.00
	PS# 24 Paldania		330.00
	PS# 25 Museum		330.00
	PS# 26 Garmin Palerki		490.00
	PS# 27 Montessori		490.00
	PS# 28 Rabiel Gibran		490.00
	PS# 29 Westchester Hills		490.00
	PS# 30		490.00
	PS# 31 Montessori		330.00
	PS# 32 Family		490.00
	Martin G. Rudy School		6990.00
		Sub Total	

(2)

GRAND TOTAL

18,970.00

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:

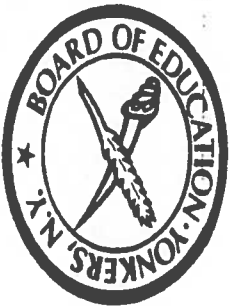
PHONE #:

Name: Westchester County Department of Health

Fed. I.D./Soc Sec. #

Address:

35 Moore Avenue
Mount Kisco, NY 10549



Purpose:

CL	Description/Invoice # (Max = 27 spaces)	FUND	AGCY	ORGN	ACTV	OBJT	Contract #	Line #	F/P
1	Health 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 Dept. 914-376-8166
School/Department Phone #

Finance Use Only

RSRC	BACC	CHECK #	\$ Amount
			11,980.00
			4,990.00
Total:			18,970.00

School/Department Use:

Prepared by:

Alicia Per

Date: 8-8-23

Approval:

[Signature]

Date: 2/10/23

Approval:

Grant Approval:

[Signature]

Date:

Finance Department Use Only

Contract Review:

[Signature]

Date:

Grants Review:

[Signature]

Date:

AP Review:

[Signature]

Date:

Approved By:

[Signature]

Revised as of

8/21/2008

Claim Model - new revised form.xls