

**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, 2024**

Total Fee Due \$ 420.00

Permitted Operation

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

Operation ID: 458625

In Operation: Year-Round Seasonal **If Seasonal:** Expected Opening Date _____ Expected Closing Date _____
 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 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, 2024

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 _____
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 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, 2024**

Total Fee Due \$ 330.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #9
Institutional Food Service - School K-12 Food Service

Operation ID: 458647

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #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, 2024

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 _____
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 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, 2024**
Total Fee Due \$ 420.00

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - PAIDEIA SCHOOL #15 Facility Code: 02-7280-C
Address 175 WESTCHESTER AVENUE Business Phone (914) 376-8665
YONKERS, NY 10707 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-7280-C

Permit Expiration Date
April 30, 2024

Total Fee Due \$ 330.00

**Permitted
Operation**

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

Operation ID: 468165

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #16 Facility Code: 02-2513-C
Address 759 NORTH BROADWAY Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

Mail To

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

Permit Number 02-2513-C

Permit Expiration Date
April 30, 2024

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, 2024

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, 2024

Total Fee Due \$ **420.00**

Permitted
Operation

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

Operation ID: **458666**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
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 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, 2024

Total Fee Due \$ 330.00

**Permitted
Operation**

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

Operation ID: 458689

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

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

Mail To

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

Permit Number 02-2516-C

Permit Expiration Date
April 30, 2024

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, 2024

Total Fee Due \$ 420.00

**Permitted
Operation**

YONKERS B.O.E. - P.S. #21

Operation ID: 458703

Institutional Food Service - School K-12 Food Service

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

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

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

Permit Number 02-2518-C
Permit Expiration Date
April 30, 2024
Total Fee Due \$ 330.00

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #23 Facility Code: 02-2519-C
Address 56 VAN CORTLANDT PARK AVENUE Business Phone (914) 376-8166
YONKERS, NY 10701 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

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

Permit Number 02-2519-C

**Permit Expiration Date
April 30, 2024**

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, 2024

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 _____
Capacity: 99 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 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, 2024
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, 2024

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, 2024

Total Fee Due \$ **420.00**

Permitted
Operation

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

Operation ID: **458716**

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
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 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, 2024
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 _____
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 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, 2024

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 _____
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 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, 2024

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 _____
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 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, 2024

Total Fee Due \$ 420.00

**Permitted
Operation**

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

Operation ID: 459272

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - P.S. #32 (FAMILY) Facility Code: 02-2528-C
Address 1 MONTCLAIR PLACE Business Phone (914) 376-8166
YONKERS, NY 10710 Business Fax () -
Location City of YONKERS Business Website _____
County WESTCHESTER Business Email _____

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

Permit Number 02-2528-C
Permit Expiration Date
April 30, 2024
Total Fee Due \$ 330.00

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - 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, 2024
Total Fee Due \$ 540.00

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

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - 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, 2024

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 _____
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 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, 2024

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 _____
Capacity: _____ ? 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 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. - 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, 2024

Total Fee Due \$ 960.00

**Permitted
Operation**

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

Operation ID: 458621

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

Permit to Operate
Renewal Application

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - 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, 2024

Total Fee Due \$ 420.00

Permitted
Operation

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

Operation ID: 459218

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

Permit to Operate
Renewal Application

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - 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, 2024

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, 2024

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 _____
Capacity: 30 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 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, 2024

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

**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, 2024

Total Fee Due \$ 540.00

**Permitted
Operation**

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

Operation ID: 459477

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

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

Mail To

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

Permit Number 02-6701-A

Permit Expiration Date
April 30, 2024

Total Fee Due \$ 960.00

**Permitted
Operation**

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

Operation ID: 459238

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

Additional Operations Regulated by this Permit

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

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

Permit to Operate
Renewal Application

Westchester County Department of Health

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

Business Name YONKERS B.O.E. - 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, 2024

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. - 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, 2024
Total Fee Due \$ 540.00

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

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
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, 2024

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. - 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, 2024
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. - 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, 2024

Total Fee Due \$ 960.00

Permitted Operation

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

Operation ID: 458594

In Operation: Year-Round Seasonal If Seasonal: Expected Opening Date _____ Expected Closing Date _____
 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. - YONKERS JR. & SR. H.S. - COMMISSA	458595	Food Service Establishment	Commissary	Active	0 Seats

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

Legal Operator or Operating Corporation: YONKERS BOARD OF EDUCATION

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

Location Owner: YONKERS BOARD OF EDUCATION

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

**Permit to Operate
Renewal Application**

Westchester County Department of Health

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

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

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

Permit Number 02-2497-A
Permit Expiration Date
April 30, 2024
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



YONKERS
PUBLIC SCHOOLS

Westchester County Dept. of Health Permit Renewal

<u>School-Building</u>	<u>Fee Due</u>	<u>Permit #</u>	<u>OP ID</u>	<u>Ex. Dat</u>	<u>Manager</u>	<u>Supervisor</u>	<u>Principal</u>
5-School 5	\$420.00	02-2502-B	458625	30-Apr-24	Katherine Trilla	Todd Adelman	Robert Riccuiti
8- Patricia A. DiChiaro	\$420.00	02-2505-B	458627	30-Apr-24	Omar Awawda	Kristen DesMarais	Luke Schrade
9-School 9	\$330.00	02-2506-C	458647	30-Apr-24	Tood Adelman	Todd Adelman	MelissaRodriguez
13-Las Hermanas Mirabal	\$420.00	02-2510-B	458651	30-Apr-24	Khaleda Haddad	Virginia Fahy	Dr. Robert Vicuña
14- Rosemarie Ann Siragusa	\$420.00	02-2511-B	458653	30-Apr-24	Marlene Rosario	Kristen DesMarais	Anthony Cioffi
15- Paideia	\$330.00	02-7280-C	468165	30-Apr-24	Mary McWeeney	Kristen DesMarais	Dr. Moiura Gleeson
16-School 16	\$330.00	02-2513-C	481580	30-Apr-24	Reema Shleiwet	Virginia Fahy	Dr. Vanessa Vasquez
16- Annex	\$330.00	02-8391-C	863575	30-Apr-24	Reema Shleiwet	Virginia Fahy	Dr. Vanessa Vasquez
17-School 17	\$420.00	02-2514-B	458666	30-Apr-24	Venerine Farrell	Virginia Fahy	Jonathan Cartica
18-Ella Fitzgerald	\$330.00	02-2515-C	458689	30-Apr-24	Maria Fitzpatrick	Halima Anderson	Dr. Valencia Brown-Wyatt
19-Eugenio Maria de Hostos	\$330.00	02-2516-C	458699	30-Apr-24	Diana Lavista	Halima Anderson	Elda Perez-Mejia
21-School 21	\$420.00	02-2517-B	458703	30-Apr-24	Artur Shahini	Virginia Fahy	Leslie Powell-Grant
22-School 22	\$330.00	02-2518-C	458705	30-Apr-24	Khaleda Haddad	Virginia Fahy	Sony Grandoit
23-School 23	\$330.00	02-2519-C	458707	30-Apr-24	Maria Fitzpatrick	Halima Anderson	Michael Walpole
24 - Paideia	\$330.00	02-7246-C	467544	30-Apr-24	Katherine Trilla	Todd Adelman	Kim Davis
25 - Museum School	\$330.00	02-2521-C	458709	30-Apr-24	Diana Murad	Halima Anderson	Brian Gray
26 - Casimir Pulaski	\$330.00	02-2522-C	458713	30-Apr-24	Mary McWeeney	Kristen DesMarais	Christine Montero
27- Montessori School	\$420.00	02-2523-B	458716	30-Apr-24	Diana Lavista	Halima Anderson	Lourdes Cruz
28 - Kahlil Gibran	\$420.00	02-2524-B	458720	30-Apr-24	Omar Awawda	Kristen DesMarais	Laura LaBanca
29 - Westchester Hill	\$420.00	02-2525-B	458722	30-Apr-24	Mary McWeeney	Kristen DesMarais	Steven Murphy
30 - School 30	\$420.00	02-2526-B	458724	30-Apr-24	Venerine Farrell	Virginia Fahy	Michael Shapiro
31 - Montessori School	\$420.00	02-6764-B	459272	30-Apr-24	Venerine Farrell	Virginia Fahy	Jane Wermuth
32- Family School	\$330.00	02-2528-C	458725	30-Apr-24	Khaleda Haddad	Virginia Fahy	Andrew Cohen
Boyce Thompson	\$540.00	02-6991-B	458261	30-Apr-24	Reema Shleiwet	Virginia Fahy	Stella Quarshie
Cesar Chavez	\$460.00	02-7534-C	442872	30-Apr-24	Diana Lavista	Halima Anderson	Magdaline Delany
Thomas Cornell Academy	\$330.00	02-8260-C	784503	30-Apr-24	Diana Murad	Halima Anderson	Melanie Vancol
Cross Hill Academy	\$960.00	02-2499-A	458621	30-Apr-24	Reema Shleiwet	Virginia Fahy	Ryan James
Robert C. Dodson	\$420.00	02-6700-B	459218	30-Apr-24	Mary McWeeney	Kristen DesMarais	Romulo Ramirez
Enrico Fermi	\$540.00	02-2496-A	458606	30-Apr-24	Mary McWeeney	Halima Anderson	Mark Ametrano
Pearls Hawthorne	\$420.00	02-2495-B	458603	30-Apr-24	Diana LaVista	Halima Anderson	Marwan Sayegh
Martin Luther King	\$420.00	02-2529-B	458726	30-Apr-24	Diana Murad	Halima Anderson	Steve Naber
Barack Obama School	\$540.00	02-7518-B	459477	30-Apr-24	Tood Adelman	Todd Adelman	Andrew Hara
Riverside HS	\$960.00	02-6701-A	459238	30-Apr-24	Diana Murad	Halima Anderson	William Shaggura
Lincoln HS	\$960.00	02-2489-A	458560	30-Apr-24	Artur Shahini	Virginia Fahy	Ian Sherman
Gorton HS	\$540.00	02-2494-A	458598	30-Apr-24	Tood Adelman	Todd Adelman	Jamie Morales
Roosevelt HS	\$420.00	02-2487-B	458590	30-Apr-24	Omar Awawda	Kristen DesMarais	Edward De Chent
Saunders HS	\$960.00	02-4887-A	458810	30-Apr-24	Katherine Trilla	Todd Adelman	Jeremy Rynders
Yonkers Middle High School	\$960.00	02-2488-A	458594	30-Apr-24	Maria Fitzpatrick	Halima Anderson	Dr. Sandy Hattar
Yonkers Montessori Academy	\$960.00	02-2497-A	458611	30-Apr-24	Marlene Rosario	Kristen DesMarais	Dr. Eileen Rivera

