



REQUEST FOR DESIGNATION AS AN ESSENTIAL BUSINESS FOR PURPOSES OF EXECUTIVE ORDER 202.6

NAME OF BUSINESS:

CONTACT PERSON :

PHONE NUMBER:

ADDRESS OF BUSINESS LOCATION SEEKING DESIGNATION:

CITY:

STATE:

ZIP:

COUNTY:

ESD REGION

Western NY

Capital Region

Find your region here:

Finger Lakes

Mid-Hudson

<https://esd.ny.gov/regions>

Southern Tier

New York City

Central NY

Long Island

Mohawk Valley

North Country

NUMBER OF EMPLOYEES AT LOCATION:

DESCRIPTION OF BUSINESS FUNCTION AT LOCATION SEEKING DESIGNATION:

INDUSTRY:

_____: I am requesting that my business be deemed an Essential Business for purposes of Executive Order 202.6 for the reasons listed below.

Provide a brief description below.

_____: I certify by penalty of perjury that the information that I have provided herein is true and accurate.

NAME OF AUTHORIZED APPLICANT:

DATE:

This application is a fillable PDF form. Applicants must submit electronic copy of the completed application to the following email address: covid19designations@esd.ny.gov