



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: NY 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. All fields of this form must be completed to be considered for exempt designation. Applicants must submit electronic copy of the completed application to the following email address: [covid19designations@esd.ny.gov](mailto:covid19designations@esd.ny.gov)