

ORANGE COUNTY DEPARTMENT OF HEALTH
124 MAIN STREET, GOSHEN, NY 10924
(845)291-2331

APPLICATION FOR A PERMIT TO OPERATE A COMMERCIAL
TEMPORARY FOOD SERVICE ESTABLISHMENT

Name of Event: _____ Location: _____

Date(s) of Event: _____ Time Event Starts: _____

Name of Food Service Operation: _____

Operating Person-Circle If For: **Corporation** **Partnership** **Individual** **LLC.** **Other**

List Name of Operating Person Circled Above: _____

Mailing Address: _____

A fee of \$50.00 is required for each operation. Separate booths, stands, etc. require separate applications and fees. Either a check or money order should be made payable to to the **Orange County Department of Health** and accompany each application.

Frozen Dessert (soft serve ice cream, snow cones, slush puppies etc.) manufactured ____ yes ____ no

An additional fee of \$25.00 is required if frozen desserts are manufactured and served.

WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE

Check the appropriate lines and submit copies of the appropriate documentation with the application to document compliance with the Workers' Compensation Law:

Workers' Compensation and Disability Insurance **Provided**

Workers' Compensation

- | | | |
|------------------|---|-----------|
| ___ Form C-105.2 | -Certificate of Workers' Compensation Insurance (From your insurance Carrier) | OR |
| ___ Form U-26.3 | -Certificate of Workers' Compensation Insurance (From the State Insurance Fund) | OR |
| ___ Form SI-12 | -Certificate of Workers' Compensation Self Insurance | OR |
| ___ GSI-105.2 | -Certificate of Participation in Workers' Compensation Group Self Insurance | |

AND

Disability Insurance

- | | | |
|-----------------|---|-----------|
| ___ DB-120.1 | -Certificate of Disability Benefits (From your insurance carrier) | OR |
| ___ Form DB-155 | -Certificate of Disability Benefits Self Insurance | |

B. Workers Compensation and Disability Insurance Coverage **Not Provided**

___ Form CE-200 -Certification of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

APPLICATIONS WILL NOT BE PROCESSED NOR A PERMIT ISSUED WITHOUT WC/DB DOCUMENTATION

List of foods to be served: _____

Please Note: Section 14-2.3 of the New York State Sanitary Code restricts temporary food service operations to serving foods that require limited preparation requiring only seasoning and cooking (hamburgers, hot dogs, sausage and peppers etc.). The preparation and service of **other potentially hazardous foods is prohibited** except if prepared under approved conditions, transported and stored at proper temperatures in approved facilities and served without contamination to the consumer.

PLEASE COMPLETE SIDE 2

FS-2 (2/09) (Rev.)

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1. If not prepared on site, where will foods be prepared? Please attach a copy of the facility's permit, license or authorization to utilize an acceptable exempt facility falling under the provisions of Section 14-1.184 of the New York State Sanitary Code. **(Home prepared potentially hazardous food is not permitted).**

2. How will foods be transported from site of preparation to the event? (Specify type of containers, vehicles etc.)

3. How will potentially hazardous foods be maintained at proper temperatures both in transit to and at the location of the event? Please describe facilities for both refrigeration and hot holding.

4. Will thermometers be provided to measure both refrigeration and hot holding temperatures during transit and holding at the event location?

5. If not obtained at the event location, what will be the source of water used for handwashing and utensil washing and disinfection? **Only water from an approved public water supply system is acceptable.**

6. What is the source of ice used for human consumption? **Only ice from an approved source is acceptable.**

If this application is approved, the undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Subpart 14-2 of the New York State Sanitary Code.

SIGNATURE OF OPERATOR: _____ DATE: _____
OR AUTHORIZED INDIVIDUAL

PRINT NAME OF: _____ DAYTIME PHONE #: _____
PERSON SIGNING

PERSON RESPONSIBLE FOR: _____ DAYTIME PHONE #: _____
FOOD PREPARATION AND SERVICE
IF NOT THAT LISTED ABOVE