

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.

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.

THIS IS TO CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT THE ABOVE DESCRIBED FOOD SERVICE OPERATION HAS WORKER’S COMPENSATION AND DISABILITY BENEFITS COVERAGE REQUIRED BY LAW:

WORKER’S COMPENSATION CARRIER	W.C. POLICY NO.	EXPIRATION DATE
DISABILITY BENEFITS CARRIER	D.B. POLICY NO.	EXPIRATION DATE

OR THAT THE WORKER’S COMPENSATION BOARD HAS ISSUED FORM WC/DB-101(12-9-03) DATED _____ STATING THAT SUCH COVERAGE IS NOT REQUIRED.

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 PAGE 2

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ESTABLISHMENT

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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.**

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

FS-2 (9/07) (Rev.)