



ORANGE COUNTY DEPARTMENT OF HEALTH - Division of Environmental Health

124 Main Street - 3rd Floor, Goshen, NY 10924, Telephone: 845-291-2331

Email: EnvHealth@orangecountygov.com, Website: www.orangecountygov.com

FOR OFFICE USE ONLY
Catering Facility Code
Catering Permit #
Catering OP ID
FSE Permit #
FSE Op ID

Off-Site Catering Permit Application

Name of Catering Operation:

(DBA- Name you will have on advertisements /signs /menus)

Reason for Application: [] New Operation [] Permit Renewal [] Name Change

Type of Business: [] Commercial (for Profit) [] Non-commercial/Non-profit

Catering Operator Information

Name of Operating Entity (Business or individual):

Type of Operating Entity: [] Corporation [] Partnership [] Individual [] LLC [] Association

Contact Person(s) (If not listed above)

MAILING Address:	Street Address	Unit #
	City	State ZIP Code

1st Phone #: [] Office [] Cell [] Home

2nd Phone #: [] Office [] Cell [] Home

Email Address* (REQUIRED)

Kitchen/ Permitted Food Service Information

You Must have a Permitted Kitchen Where the Food is Prepared:

- Is the Food Prep Kitchen in Orange County?

[] Yes - Attach- Food Service Establishment Application, associated fee & list of events (pg. 3)

Food Prep Kitchen (FSE "Commissary")

(Your DBA for Kitchen- Name on Attached FSE Permit Application)

[] No -- Attach- a Copy of the Out-of-County Permit & list of OC events (pg. 3), ALSO FILL-IN the Out-of-County Food Service Establishment Location Information below.

Out-of-County Food Service Establishment Location Information

Facility Name on Permit			
Physical Address	Street Address	Unit #	Required for multi-use buildings
	City	State	ZIP Code
Facility Phone #			

Continues on Page 2

Fee Schedule

Commercial / For-Profit Fees -

Off-site Catering Application Fee- **\$350** (additional fee- if expediting is approved**)

Non-Commercial / Non-Profit Fees-

- Only expediting fees** (\$200 or \$100) required, if applicable

****Expediting- available with approval**

- review/processing within 5 business days - Additional \$100 fee
- review/processing within 2 business days - Additional \$200 fee

If approved, the entire payment (including application fees) must be paid with cash, bank certified check or money order.

How to Pay Application Fee-

Acceptable types of payment:

- **Cash-** exact amount only, no change available
- **Personal Checks-** only *if not expediting*
- **Certified Bank Checks or Money Orders**
 - Make checks/MOs payable to: **ORANGE COUNTY DEPARTMENT OF HEALTH** or **OCDOH**

Sorry, credit card payments are not accepted at this time.

Applications are not accepted without payment.

Therefore, Commercial Applications are not accepted through email.

The following items can be emailed to OCDOH at EnvHealth@OrangeCountyGov.com

- Non-commercial/Non-profit Applications and supporting documents
- Proof of Insurance or exemption (see requirement below)

Workers Compensation and Disability Insurance Coverage REQUIREMENT

Must be completed by all applicants

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

A. Workers' Compensation and Disability Insurance Coverage Provided

Workers' Compensation

- | | | |
|---------------------------------------|--|-----------|
| <input type="checkbox"/> Form C-105.2 | - Certificate of Workers' Compensation Insurance (From your insurance carrier) | OR |
| <input type="checkbox"/> Form U-26.3 | - Certificate of Workers' Compensation Insurance (From the State Insurance Fund) | OR |
| <input type="checkbox"/> Form SI-12 | - Certificate of Workers' Compensation Self Insurance | OR |
| <input type="checkbox"/> GSI-105.2 | - Certificate of Participation in Workers' Compensation Group Self Insurance | |

AND

Disability Insurance

- | | | |
|--------------------------------------|---|-----------|
| <input type="checkbox"/> DB 120.1 | -Certificate of Disability Benefits (From your insurance carrier) | OR |
| <input type="checkbox"/> Form DB 155 | -Certificate of Disability 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

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this permit is granted me for the operation of the above described food service establishment, I promise to observe faithfully all of the requirements of Subpart 14-1 of the New York State Sanitary Code.

Name of operator: _____ Title: _____
Printed

Signature: _____ Date: _____

For EH Office Use Only:
Catering Permit Expiration _____ Issued By: _____

Current Schedule of Orange County Off-Site Catering Events

Operation Name

FOR OFFICE USE ONLY

Catering Facility Code

Catering Permit #

Catering OP ID

FSE Permit #

FSE Op ID

EVENT	LOCATION	DATE(s)	TIME(s)