

Location# _____

Permit# _____

Event ID# _____

Temporary Food Service Establishment Permit Application

EVENT INFORMATION

Official Name of Event: _____ Event Location: _____

Event Organizer Info -Contact Name _____ Email _____ Phone# _____

Event Website _____ Date(s) & Time(s) of Entire Event: _____
Address: _____ (Your Dates will be listed below)

YOUR Booth and Operator Information

Name of Your Booth _____
(Name on Sign/advertising)

List individual dates you are planning to attend the Event:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____
 13. _____ 14. _____

If you have more than 14 dates, complete another application with the additional dates.

Each permit can cover up to 14 consecutive or non-consecutive dates, if they are for the same event, i.e. Farmer's Market, multi-day festival, etc.

Name of Operating Entity (Business or individual): _____

Type of Operating Entity: Individual Corporation Partnership LLC Association

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

Having Frozen Dessert Manufactured On-site**? (Soft-serve ice cream, snow cones, slush puppies etc.)? No Yes (Addt. \$25)

Contact Person(s) (If not listed above) _____

MAILING Address: Street Address _____ Unit # _____
 City _____ State _____ ZIP Code _____

Phone #(s): _____ Office Cell Home

Email Address* (REQUIRED) _____

Fee Schedule and Payment Information

HOW MUCH DO YOU OWE? - Check *all that apply*

\$75- Basic App Fee -Commercial Business (for Profit)
 Extra \$25- Frozen Dessert Fee*
 Extra \$100 to Expedite in 3-5 Business days**
 Extra \$200 to Expedite in 0-2 Business days**

TOTAL OWED \$ _____

****Expediting Fees required for ALL applications not received at least one week prior to the event.**
-IF EXPEDITED- the entire payment must be paid with cash, bank certified check or money order.

HOW TO PAY APPLICATION FEE(S)-

•Cash- exact amount only, no change available •Personal Checks- only if not expediting •Certified Bank Checks or Money Orders •Sorry, credit card payments are not accepted at this time

Make checks/MOs payable to: ORANGE COUNTY DEPARTMENT OF HEALTH or OCDOH

- Applications are not accepted without payment.
- Only Non-commercial Apps without fees accepted through email.

Insurance Requirement

Required for all applications- WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE or Exemption
Check off and submit copies with the application to document compliance with the Workers' Compensation Law:

Workers' Compensation (Check One):

Form C105.2 Form U-26.3 Form SI-12 GSI-105.2 OR CE-200 Exemption Form

Disability Insurance (Check One):

Form DB 120.1 Form DB-155 OR CE-200 Exemption Form

MUST COMPLETE BOOTH INFO & SIGN ON PAGE 2

Booth Information

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.

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.* **Important-** *****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: _____

Operator's Name (Printed): _____ Daytime Phone #: _____

Person Responsible For
 Food Prep and Service: _____ Daytime Phone #: _____
 (If Different from Above)

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