

Location# \_\_\_\_\_  
Permit# \_\_\_\_\_

Event ID# \_\_\_\_\_

## Temporary Food Service Establishment 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)

<b>Contact Person(s)</b> (If not listed above)			
<b>MAILING Address:</b>	Street Address	Unit #	
	City	State	ZIP Code
<b>Phone #:</b>			<input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home
<b>Email Address*</b> (REQUIRED)			

### Fee Schedule and Payment Information

<b>HOW MUCH DO YOU OWE? - Check all that apply</b> <input type="checkbox"/> \$75 Commercial Business (for Profit)- Basic App Fee <input type="checkbox"/> \$25 Frozen Dessert Fee* <b>TOTAL OWED</b> <input type="checkbox"/> \$100 3-5 Business days Expediting Fee** <input type="checkbox"/> \$200 0-2 Business days Expediting Fee** \$	<b>**Expediting Fees required for ALL applications not received at least one week prior to the event.</b> <b>-IF EXPEDITED-</b> the entire payment must be paid with <b>cash, bank certified check or money order.</b>
---	---

### 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: \_\_\_\_\_