



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

F#

P#

OP#

Mobile Food Service Establishment Permit Application

Name of Mobile Unit: (Name you will have on advertisements/signs/menus)

Reason for Application: New Operator, New Unit, Permit Renewal, Name Change

Type of Vehicle: Motorized- License Plate #, Pushcart

Location/Area Served:

Foods to be Served:

Frozen Dessert Manufactured On the Unit* (Soft serve ice cream, snow cones, slush puppies etc.)? No, Yes (Additional \$25 Fee)

Year-Round, Seasonal, Expected Opening Date, Expected Closing Date, Please Note: All Mobile Food Service Permits expire on December 31st each year.

Commissary Information

Commissary Kitchen (for Food Storage & Unit Cleaning), (Name on Permit)

PICK ONE - Is the above Commissary in Orange County? - (NOTE the attachments required)

Yes - Attach- Mobile Food Service Commissary Letter (pg. 4), No - Attach- Copy of Out-of-County Permit & Mobile Food Service Commissary Letter (pg. 4)

Operator Information

Name of Operating Entity (Business or individual):

Type of Operating Entity: Corporation, Partnership, Individual, LLC, Association

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

Contact Person(s) (If not listed above)

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

1st Phone #: Office, Cell, Home

Email Address* (REQUIRED)

CONTINUED ON PAGE 2- Signature Required

Fee Schedule

Commercial / For-Profit Fees -

Mobile Food Service Application Fee- **\$150** (additional fee if expediting is approved**)
Frozen Dessert - **Extra \$25**

Non-Commercial / Non-Profit Fees-

- Only expediting fees** (\$200 or \$100) required and Frozen Dessert Fee, 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)

Insurance Requirement

Required for all applications- **WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE**

Check 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 Form GSI-105.2 OR CE-200 Exemption Form

Disability Insurance (Check One):

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

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:
Mobile Unit Permit Issued _____ Issued By: _____

