

ORANGE COUNTY DEPARTMENT OF HEALTH  
124 MAIN STREET, GOSHEN, NY 10924  
(845)291-2331

APPLICATION FOR A PERMIT TO OPERATE A NON-COMMERCIAL  
TEMPORARY FOOD SERVICE ESTABLISHMENT

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time Event Starts: \_\_\_\_\_

Name of Food Service Operation: \_\_\_\_\_

<b>Operating Person-Circle If For:</b>	<b>Corporation</b>	<b>Partnership</b>	<b>Individual</b>	<b>LLC.</b>	<b>Other</b>
<b>List Name of Operating Person Circled Above:</b> _____					
<b>Mailing Address:</b> _____					
<b>E-Mail:</b> _____					

Frozen Dessert (soft serve ice cream, snow cones, slush puppies etc.) manufactured \_\_\_\_ yes \_\_\_\_ no

An fee of \$25.00 is required if frozen desserts are manufactured and served. Payment of this amount payable to the Orange County Department of Health must accompany this application if frozen desserts are manufactured and served by the applicant.

**\*\*\*Initial Permit Applications needing or requesting review/processing within 5 business days of our receipt shall be subject to a \$100 expedited processing fee or \$200 expedited processing fee if within 2 business days of our receipt (including those normally exempt from fees).\*\*\***

**WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE**

**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

- |                  |                                                                                 |           |
|------------------|---------------------------------------------------------------------------------|-----------|
| ____ Form 105.2  | -Certificate of Workers' Compensation Insurance (From your insurance carrier)   | <b>OR</b> |
| ____ Form U-26.3 | -Certificate of Workers' Compensation Insurance (From the State Insurance Fund) | <b>OR</b> |
| ____ Form SI-12  | -Certificate of Workers Compensation Self Insurance                             | <b>OR</b> |
| ____ GSI-105.2   | -Certificate of Participation In Workers' Compensation Group Self Insurance     |           |

**AND**

Disability Insurance

- |                  |                                                                   |           |
|------------------|-------------------------------------------------------------------|-----------|
| ____ DB 120.1    | -Certificate of Disability Benefits (From your insurance carrier) | <b>OR</b> |
| ____ Form DB-155 | -Certificate of Disability Benefits Self Insurance                |           |

B. Workers' Compensation and Disability Insurance coverage **Not Provided**

\_\_\_\_ Form CE-200-Ceertification 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**

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 SIDE 2**

FS-2 (1-2017) (Rev. 5/2017)

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- 2-

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).**

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2. How will foods be transported from site of preparation to the event? (Specify type of containers, vehicles etc.)

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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.

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4. Will thermometers be provided to measure both refrigeration and hot holding temperatures during transit and holding at the event location?

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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.**

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6. What is the source of ice used for human consumption? **Only ice from an approved source is acceptable.**

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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: \_\_\_\_\_  
OR AUTHORIZED INDIVIDUAL

PRINT NAME OF: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
PERSON SIGNING

PERSON RESPONSIBLE FOR: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
FOOD PREPARATION AND SERVICE  
IF NOT THAT LISTED ABOVE