



MONROE COUNTY HEALTH DEPARTMENT
FOOD PROTECTION – ROOM 1020/ 111 Westfall Road
Rochester, New York 14620 (585) 753-5553

GAZ. No. _____
REC. No. _____
CK. No. _____ \$ _____
Dated: _____

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

In accordance with subpart 14-2 of the New York Sanitary Code

FEEs: \$55.00 (1 DAY EVENT) \$85.00 (2-3 DAY EVENT) \$115.00 (4-14 DAY EVENT) LATE FEE: \$18.00
LOW RISK FEE IS \$55.00 PER BOOTH PER EVENT (1-14 days)

*Please submit application **at least 10 days prior** to the event or an \$18 late fee will be applied. The fee must accompany this application payable by cash, check, or money order to the **Monroe County Health Department**.*

For Credit Card payments please complete Credit Card Authorization Form.

Complete one application per event per booth.

*Fee waiver forms are available for charitable, non-profit organizations. The required forms must be submitted & approved by this office prior to the event. (Those who are already on our Waiver List **DO NOT NEED** to re- apply.)*

1. EVENT INFORMATION

_____ date from: ____/____/____ to: ____/____/____
title of event/festival

_____ city/ town
festival location (street address)

_____ serving date and time
name of food booth

2. OPERATOR'S INFORMATION (please print)

_____ (_____) _____
name of **organization, company, person** etc. responsible for booth operation) phone no.

_____ city _____ state _____ zip
address

HOWARD NIELSEN Cert. No. 8333173 Exp. date: 08/22/2016
CERTIFIED FOOD WORKER NAME (if applicable) – You *MUST* include a copy of your current Certificate/Card

3. FOOD INFORMATION (HOME PREPARED FOODS ARE NOT ALLOWED)

Hot foods: CHICKEN, PULLED PORK, BBQ RIBS, BBQ BEANS

Cold foods: MACARONI SALAD

Beverages: _____ prepackaged/bottled: _____ drink mixes: _____ ice: _____

Where are the foods/beverages to be prepared: on site? _____ If not, name of approved facility: _____

What type of equipment will be used for transportation of:

Hot foods: CAMBROS Cold foods: ICE CHEST

4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

Workers' Compensation: Check and Submit Certificate with Application

- ☒ **Form C-105.2** – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); OR
- ☐ **Form U-26.3** – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); OR
- ☐ **Form SI-12** – Certificate of Workers' Compensation Self-Insurance, OR
- ☐ **GSI – 105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

- ☒ **DB-120.1** - Certificate of Disability Benefits (issued by the applicant's insurance carrier); OR
- ☐ **Form DB-155** – Certificate of Disability Benefits Self-Insurance

****NOTE-WE CANNOT ACCEPT THE “ACORD CERTIFICATE OF LIABILITY” AS PROOF OF INSURANCE.****

When WC/DB coverage is not required: Check and Submit Signed Certificate with Application:

- ☐ **Form CE-200** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is Not provided)

Note: Applicants will be able to fill out the CE-200 on-line at the Worker's Compensation Board's website, www.wcb.ny.gov, (use **CE-200 [12/08]**) and print a copy for submission to the Department of Public Health. Also, there are Computers with internet access available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 West Main Street**, Rochester, NY 14614. The toll free number for the office is **1-866-211-0644**.

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Signed _____ **Date of Application** _____
(Must be signed by operator)

Print Name _____

THIS IS NOT A PERMIT TO OPERATE! A temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).