

Monroe County Department of Public Health - Food Protection 111 Westfall Road – Room 832 Rochester, New York 14620 Phone (585) 753-5064 / Fax (585) 753-5013 food@monroecounty.gov

GAZ. No	
CK. No	\$
Date Rcvd	

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

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

COMPLETE ONE FORM PER EVENT PER BOOTH

FEES: 1 DAY EVENT: \$55.00 2-3 DAY EVENT: \$85.00 4-14 DAY EVENT: \$115.00 LOW RISK 1-14 DAY EVENT: \$55.00

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 Department of Public Health**For Credit Card payments please complete the Credit Card Authorization Form.

			to
Name of Food Booth		Serving Date(s)	Serving Time(s)
Name of Event/Festival			
Event/Festival Address	City	Zip	Dates of Event/Festival
Name of Certified Food Worker* (<i>if applicab</i>			/ Expiration Date
*YOU MUST INCLUDE A COPY OF A			•
2. CONTACT INFORMATION			
Name of Person Responsible for Booth Oper	ation	Organization/Company Name (if applicable)	
Email (<i>REQUIRED</i>)		Cell Phone (<i>REQUIRED</i>)	
Contact Address		City	Zip
3. FOOD INFORMATION			
Where are the food/beverages to be pre	pared? (<i>HOME-I</i>	PREPARED FOODS ARE <u>N</u>	OT ALLOWED)
On Site? If not, Permitted Fa	acility name:		
List of Hot Foods:			
How Will They Be Transported?			
List of Cold Foods:			
How Will They Be Transported?	·		
Beverages: Prepackaged/Bottled?	Blended	d/Mixed Drinks?	Served with Ice?
Doscribo		_	_

4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

(Proof of insurance is required prior to permit issuance)

<u>Workers' Compensation</u> :	Check and Submit Certificate with Application
Form C-105.2 – Certificat	e 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	of Workers' Compensation Self-Insurance; OR
GSI – 105.2 – Certificate of	of Participation in Workers' Compensation Group Self-Insurance
AND	
Disability Benefits : Check	and Submit Certificate with Application
DB-120.1 - Certificate of I	Disability Benefits (issued by the applicant's insurance carrier); OR
Form DB-155 – Certificate	e of Disability Benefits Self-Insurance
*NOTE- WE <u>CANI</u>	NOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.
When WC/DB coverage IS	NOT provided: Check and Submit Certificate with Application
	ate of Attestation of Exemption from NYS Workers' Compensation and/or Disability be submitted with Application if WC/DB coverage is NOT provided)
and/or Disability (CE-200) the internet access are available Worker's Compensation Boa	ing and filing a Certificate of Attestation of Exemption from the NYS Workers' Compensation rough New York Business Express are located on businessexpress.ny.gov Computers with for CE-200 electronic application processing at Customer Service Centers located in rd District offices. A local District Office is located at 130 W. Main St, Rochester, NY 14614. Intact Center: (877) 632-4996
	t has received, read, understands and agrees to operate the temporary food service compliance with subpart 14-2 of the New York Sanitary Code.
Owner's Signature	
Owner's Name (Print)	
Date of Application	

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).