MONROE COUNTY HEALTH DEPARTMENT
FOOD PROTECTION – ROOM 1020/ 111 Westfall Road
P.O. Box 92832
Rochester, New York 14692 (585) 753-5553

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

2009 APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

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

This application must be submitted and approved ***at least 10 days prior*** *to the event.* ***The fee is per booth per event.*** *The fee must accompany this application payable by cash, check or money order to the* ***Monroe County Health Department.*** *Please note that a* ***$18.00 late fee*** *will be applied after the above specified time limit.* ***Complete one form 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 apply again).* LOW RISK – FEE IS $55.00 PER BOOTH PER EVENT (1-14 days)

FEES: $55.00 (1 DAY EVENT) $85.00 (2-3 DAY EVENT) $115.00 (4-14 DAY EVENT) LATE FEE: $18.00

1. EVENT INFORMATION

_____date from:___/____/____to: ___/____/____
title of event/festival

_____ _____
festival location (street address) city/ town

_____ _____
name of food booth serving date and time

2. OPERATOR'S INFORMATION (please print)

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

_____ _____ _____ _____
address city state zip

_____ cert. No. ___ ___ ___ ___ ___ ___exp. date: ___/___/ ___
*(if applicable)**CERTIFIED FOOD WORKER NAME** – You **MUST** include a copy of your current Certificate/Card*

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

Hot foods: _____

Cold foods: _____

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? Hot foods: _____

Cold foods: _____

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).