



**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**

**Note: Certificates for Worker’s Compensation and Disability must be provided or permit to operate will not be issued. If your operation is exempt from Worker’s Compensation and Disability requirements, Form CE-200- Certificate of Attestation of Exemption must be provided – See Section 4 below.**

**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.

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

\_\_\_\_\_ Cert. No. \_\_\_\_\_ exp. date: \_\_\_/\_\_\_/\_\_\_  
**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: \_\_\_\_\_

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 of:

Hot foods: \_\_\_\_\_

Cold foods: \_\_\_\_\_

**4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION**

***(Proof of insurance is required prior to permit issuance)***

Name of Company \_\_\_\_\_ Worker's Comp. No. \_\_\_\_\_ Disability Number \_\_\_\_\_

**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

**When WC/DB coverage IS NOT provided Check and Submit 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.state.ny.us](http://www.wcb.state.ny.us), and print a copy for submission to the Department of Public Health. Computers with internet access are 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).