



MONROE DEPARTMENT OF PUBLIC HEALTH
FOOD PROTECTION
 111 Westfall Road - Rm. 832
 Rochester, New York 14620
 Office: (585) 753-5064 FAX: (585) 753-5013

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

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 re-apply.)

Note: Certificates for Worker's Compensation and Disability must be provided or a 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/booth #)

_____ 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)

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 a 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 the 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).