



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING
60 CENTRAL AVENUE Rm 120
CORTLAND, NEW YORK 13045-2746
(607) 753-5035
FAX: (607) 758-5578
<http://www.cortland-co.org/478/Environmental-Health>

Catherine Feuerherm
Public Health Director
Stuart W. Gillim, MD
Medical Advisor

Division of Environmental Health Michael J. Ryan P.E., Environmental Health Director envhealth@cortland-co.org

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

(Applications **MUST** be submitted at least 10 days before the first day of operation. Effective 01/01/2019 a \$20/for profit and \$10/not-for profit expediting fee will be charged for any application submitted less than 10 days in advance of an event.)

Name of Event at which serving/selling food _____

Name of Establishment or Food Stand _____

Food Service location/address of the event (include road and building name) _____

_____ Town, Village, City name _____

Name of Operator, Owner, or Organization _____

Name of Contact Person _____ Daytime phone # _____

E-mail Address _____

Mailing address of Permit _____

Number of Days of Operation _____ Opening Date _____ Closing Date _____

Serving hours _____ to _____

Refrigeration available on site? Yes _____ No _____ What type? _____

Running water provided inside establishment? Yes _____ No _____

Toilet facilities provided inside establishment? Yes _____ No _____
If no, distance to nearest toilet facilities _____ ft. (approximately)

Number of food workers _____

Plastic gloves available? Yes _____ No _____

E. Hand washing facilities provided at actual food preparation site? Yes _____ No _____

Stem thermometer available for evaluating food temperatures? Yes _____ No _____

Sub-part 14-2.3(c) of the New York State Sanitary Code, specifies that potentially hazardous foods may Not be served at a temporary food service establishment, unless certain special requirements are met. Below or on back, please list all foods which will be served, suppliers of ingredients, and how **Foods will be prepared and served, (attach copy of menu if available).**

Workers' Compensation and Disability Insurance

Submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers Compensation and Disability Insurance Coverage is PROVIDED

Workers Compensation

- Form C-105.2 – Certificate of Worker's Compensation Insurance OR
- Form U-26.3 – Certificate of Worker's Compensation Insurance OR
- Form SI-12 – Certificate of Worker's Compensation Self -Insurance OR
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance AND

Disability Benefits

- DB-120.1 – Certificate of Disability Benefits OR
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage is NOT PROVIDED

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

For those who require an exemption, please access the on-line application that can be found on the Board's website, www.businessexpress.ny.gov . Click on Log-in/Register button, if you do not have an account create one. Proceed until the (Form CE-200) is complete. You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

THE CERTIFICATES MUST ACCOMPANY EACH APPLICATION

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14 OF THE NEW YORK STATE SANITARY CODE. IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE, A COPY OF WHICH THE APPLICANT HAS RECEIVED AND ACKNOWLEDGES THAT HE IS ACQUAINTED WITH ITS CONTENTS.

G. Permit fees: \$60.00 per event or \$30.00 per event-non-profit.

A \$20/for profit and \$10/non-for profit expediting fee will be charged for any application submitted less than 10 days in advance of an event.

Check payable to **Cortland County Treasurer Office.**

Are you a non-profit organization? ____ No ____ Yes (If yes, please provide proof. Please see separate list of acceptable documentation.)

H.

I. APPLICANT

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No

Conditions of approval : _____

Permit issuance approved by: _____ Date _____