



**Public Health**  
Prevent. Promote. Protect.

Cortland County Health Department

# CORTLAND COUNTY HEALTH DEPARTMENT

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## APPLICATION FOR 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 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) \_\_\_\_\_

\_\_\_\_\_ Town, Village, City name \_\_\_\_\_

Name of Operator, Owner, Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing address of Permit \_\_\_\_\_

Number of Days of Operation \_\_\_\_\_ Opening Date \_\_\_\_\_ Closing date \_\_\_\_\_

Serving hours \_\_\_\_\_ to \_\_\_\_\_

Cold holding 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

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

Stem thermometer available for evaluating food temperature? Yes  No

Will ALL foods be prepared and handled on site? Yes  No

If no, please note below where off site handling will occur. A facility commissary agreement MUST be completed before approval.

\_\_\_\_\_

Sub-part 14-2.3© 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 Workers' Compensation Law:

**A. Workers' Compensation and Disability Insurance Coverage is PROVIDED**

Workers' Compensation

- Form C.105.2 – Certificate of Workers' Compensation Insurance OR
- Form U-263 – Certificate of Workers' Compensation Insurance 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

- 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 exemption, please access the on-line application that can be found on the Board's website, [www.businessexpress.ny.gov](http://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.

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

**A \$20/for profit and \$10/non-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

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

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Permit issuance recommended? Yes  No

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_

Permit issuance approved by: \_\_\_\_\_ Date \_\_\_\_\_