

## Application Checklist for Temporary Food Service Operators

This application package contains the forms that are required to apply for a temporary food service permit as well as other materials describing State Sanitary Code requirements regarding safe food handling during temporary food service events. Please review these materials carefully and contact the District Office with any questions.

### The following items are enclosed:

- Application for Permit(s) to Operate Temporary Food Service
- Fee Determination Schedule
- Worker's Compensation and Disability Insurance information
- New York State Sanitary Code, Subpart 14-2, Temporary Food Service Establishments
- Brochure: Temporary Food Service - General Guidance for Operators
- Sanitation Plan Assessment

The checklist below will help ensure your application is complete. Multiple temporary food service events within the same District Office jurisdiction can be placed on a single application. A fee of \$30 is required for each application submitted.

### Please submit the following items:

- \_\_\_\_\_ **Application for a Permit** to operate a Temporary Food Service (Form DOH 3695TF)
  - If you have multiple stands operating the same day, you must complete a separate application for each stand
  - Your permit will be valid only for the events listed on your application. Adding additional events later will require a new application.
- \_\_\_\_\_ **Fee Determination Schedule** (Form DOH 2225(j))
- \_\_\_\_\_ **Payment:**
  - Unless you are a fee exempt operator/ entity, enclose **check or money order** payable to:  
**New York State Department of Health.**
- \_\_\_\_\_ **Sanitation Plan Assessment**
  - Complete an assessment for each event location listed on your application
- \_\_\_\_\_ **Worker's Compensation Certificate** (or exemption attestation). See enclosed information
- \_\_\_\_\_ **Disability Insurance Certificate** (or exemption attestation). See enclosed information

### Submit the application:

Please submit application forms and payment to the District Office below at least ten days prior to the first event to allow for adequate processing time.

### Return Forms to:

To access these forms or the Sanitary Code online, please visit our website, [www.health.ny.gov/tempfood](http://www.health.ny.gov/tempfood)

# Application for Permit(s) to Operate Temporary Food Service

## State of New York Department of Health

### Section A: Owner/Operator Information

#### Permit Application Information

Operating Corporation \_\_\_\_\_

Person in Charge \_\_\_\_\_  
First M.I. Last

Legal Address \_\_\_\_\_

Total Fee: \_\_\_\_\_

SSN or EIN Number \_\_\_\_\_

SSN EIN Number \_\_\_\_\_  
(Circle One)

City, State, Zip \_\_\_\_\_

Other Name(s) to print on Permit: \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Cell Other (Circle One)

### Section B: Please list all Events for which Permits are needed.

Event/Location Address \_\_\_\_\_

Operation Name \_\_\_\_\_

Dates/Hours of Operation \_\_\_\_\_

### Section C: FOODS (Please attach additional foods served info for each event listed, if different)

Name of Food	Supplier of Ingredients	Where and How food will be prepared and served, How kept Hot/Cold

Will all food preparation be at the concession? Yes No

If not, please describe:

FOR OFFICE USE ONLY

# Application for Permit(s) to Operate Temporary Food Service

## State of New York Department of Health

---

### Section D: 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 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

---

Please return completed application to: State of New York Department of Health  
Glens Falls District Office  
77 Mohican Street  
Glens Falls NY 128014429  
(518) 793 - 3893

---

### Section E: Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.)

---

Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code. False statements made on this application are punishable under the penal law.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

#### FOR OFFICE USE ONLY

---

Permit issuance recommended? ☐ Yes ☐ No      Number of Permits Issued \_\_\_\_\_

Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Caterers, Commissaries, Temporary Food Mobile Vendors & Frozen Desserts (free-standing) Fee Determination Schedule

NEW YORK STATE DEPARTMENT OF HEALTH

As required by Article 6, PHL, effective 1/1/88

Fee Exemption Requested? ☐ Yes If Yes, complete sections  
A, C and D below and return. ☐ No

## FOR OFFICE USE ONLY

Cashline # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Received by \_\_\_\_\_

## INSTRUCTIONS

Print or type the requested information. Determine the correct fee. Make your check payable to the New York State Department of Health. Mail the completed form and your check to the appropriate Department of Health Regional or District Office within 30 days of receipt of this form.

## SECTION A

1a. Name of Establishment \_\_\_\_\_

b. Federal ID Number \_\_\_\_\_

c. Address (No. & Street, City, State, Zip) \_\_\_\_\_

2. Type of Operation: ☐ Caterer or Commissary ☐ Mobile Vendor  
☐ Temporary Food ☐ Frozen Dessert

3. Name of Operator \_\_\_\_\_

Title \_\_\_\_\_

## SECTION B

1. Check the appropriate category to determine the total fee due.

☐ Caterer or Commissary = \$200.00  
☐ Temporary Food or Mobile Vendor = \$30.00

TOTAL FEE DUE: \$ \_\_\_\_\_

## SECTION C - Exemption Request

1. Is this facility used for religious, educational or philanthropic purposes? ☐ Yes ☐ No

2. Is this facility operated by a municipality (city, town, village)? ☐ Yes ☐ No

3. If the answer to questions 1 or 2 is "yes" you may request exemption from payment of the annual registration fee. Please indicate documentation that will be made available upon inspection request.

☐ Incorporation Papers ☐ Other (specify) \_\_\_\_\_

## SECTION D - Certification

False Statements on this application are punishable under article 170 of the Penal Law.

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Operator \_\_\_\_\_

Date \_\_\_\_\_



# Workers' Comp and Disability Insurance Requirements for Obtaining a Temporary Food Establishment Permit

Before a NYS Temporary Food Establishment permit can be issued, you must prove compliance with NYS Workers' Compensation AND Disability Insurance requirements.

If you maintain Worker's Compensation and Disability Insurance coverage, the following forms must be submitted with each permit application. (If you do not maintain this coverage, you need to provide the **CE-200 Attestation of Exemption Certificate** on reverse side).

<b>1. Workers' Compensation</b> Submit <b>one</b> from this list:	<b>2. Disability Insurance</b> Submit <b>one</b> from this list:
<ul style="list-style-type: none"><li>• Form <b>C-105.2</b> (issued by your insurance carrier)</li><li>• Form <b>U-26.3</b> (issued by the State Insurance Fund)</li><li>• Form <b>SI-12</b></li><li>• Form <b>GSI-105.2</b></li></ul>	<ul style="list-style-type: none"><li>• Form <b>DB-120.1</b> (issued by your insurance carrier)</li><li>• Form <b>DB-155</b></li></ul>

## Where do I get these forms?

Contact your insurance carrier for these forms.

## Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application. We are unable to substitute insurance forms submitted with recent permit applications.

The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

If you are exempt from Workers' Compensation and/or Disability coverage, a CE-200 Attestation of Exemption Certificate must be submitted.

You can apply for this certificate online at [www.wcb.ny.gov/content/main/Employers/Employers.jsp](http://www.wcb.ny.gov/content/main/Employers/Employers.jsp)

Instructions:

1. Select "WC/DB Exemptions" at the bottom of the page, and then select "Request for WC/DB Exemption (Form CE-200)". To save time in the future, remember your PIN number!
2. Complete, print and sign the Exemption Certificate. Submit your original CE-200 (not a copy)\* with your Temporary Food Service Establishment permit application.

You can also request an Exemption Certificate by calling the NYS Workers' Compensation Board at 866-298-7830. Please note, it can take up to 8 weeks to process this request.

\*A CE-200 is required for each Temporary Food Service Establishment permit application. Copies cannot be accepted.

### **More about temporary food service at events:**

[www.health.ny.gov/TempFood](http://www.health.ny.gov/TempFood)

### **Questions about health department permit requirements:**

Contact your health department  
[www.health.ny.gov/EnvironmentalContacts](http://www.health.ny.gov/EnvironmentalContacts)

### **Questions about Workers' Compensation and Disability forms:**

Workers' Compensation Board Office  
518-462-8880 or 877-632-4996

## Sanitation Plan Assessment for Temporary Food Service

Please complete a copy of this form for each location and submit with the completed application.

Legal Operator/Operation Name: \_\_\_\_\_

Event / Location: \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

Is there an event coordinator? Yes ☐ No ☐ If yes, please provide contact information if known:

\_\_\_\_\_

1) **Water Supply Source:** (check all that apply) Food grade hoses are required for all water lines.

☐ Municipal water supply \_\_\_\_\_  
(Village, City, Town, etc.)

☐ NYS regulated facility \_\_\_\_\_  
(Name of restaurant or other facility)

☐ NYS certified bottled water

☐ Commercially bagged ice or ice from a regulated facility \_\_\_\_\_  
(Name of restaurant or other facility)

2) **Menu –**

- It is recommended that only food items involving a **small number of preparation steps** be served.
- All food must be prepared on-site or at a restaurant or other regulated facility. Home prepared food is not permitted.

List all Food items. Include beverages (attach separate sheets if necessary)	Where will the food item be prepared?

▪ What day/time will **food preparation begin?** Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm

▪ What day/time will food be **served?** Start of service: Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
End of service: Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm

3) What **equipment** will be used to **cook food?** \_\_\_\_\_  
\_\_\_\_\_

4) What **equipment** will be used to **hold food**?

- Hot Holding ( $\geq 140^{\circ}$  F) \_\_\_\_\_
- Cold Holding ( $\leq 45^{\circ}$  F) \_\_\_\_\_

\*Note that **thermometers** for checking food cooking and holding temperatures are required

5) **Handwashing Facility:** What type of handwashing facility will you use?

- ☐ Plumbed sink and drain line    ☐ Water container and bucket
- ☐ Commercial portable hand wash sink

6) How will you **prevent bare hand contact** with ready to eat foods?

- ☐ Single use gloves
- ☐ Utensils
- ☐ Deli paper/napkins

7) **Sanitizer and Test Strips:** Do you have an EPA registered sanitizer (such as bleach or quaternary ammonia) for cleaning food contact surfaces, dishes and utensils?

Do you have sanitizer test strips for ensuring proper concentration levels?

8) **Wastewater Disposal:** How will you dispose of wastewater? \*Wastewater cannot be disposed on the ground or in storm drains.

- ☐ Direct connection to sewer or septic system    ☐ Portable waste tank or other container

Where will you empty the portable wastewater tank? \_\_\_\_\_

9) **Site Plan:** Do your outdoor food preparation and service areas have overhead protection? Where mud is a concern, do you have floor coverings?

Reminders:

- All staff and volunteers handling food must be **free of illness, which includes symptoms of nausea, diarrhea, vomiting, flu-like symptoms, and open cuts or sores on their hands or arms.**
- As the Operator of the Temporary Food Service **YOU** are responsible to ensure that all staff and volunteers are aware of requirements for food preparation and service.
- It is advisable that you review Subpart 14-2 of the New York State Sanitary Code for a complete list of rules and regulations. This can be found at your local health department office, or online at:

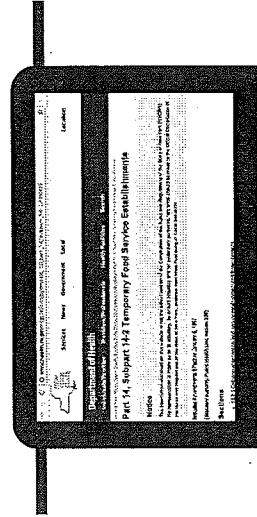
[https://www.health.ny.gov/regulations/nycrr/title\\_10/part\\_14/subpart\\_14-2.htm](https://www.health.ny.gov/regulations/nycrr/title_10/part_14/subpart_14-2.htm)

Office Use Only: Risk Category: H\_\_\_M\_\_\_L\_\_\_



**If you will be serving food at an event,**

even at no charge, you likely will be required to have a Temporary Food Service Establishment permit. This brochure provides information about New York State requirements for Temporary Food Service Operators at events.



The complete regulatory requirements for Temporary Food Service Establishments can be found in Subpart 14-2 of the New York State Sanitary Code [www.health.ny.gov/regulations/nycrr/title\\_10/part\\_14/subpart\\_14-2.htm](http://www.health.ny.gov/regulations/nycrr/title_10/part_14/subpart_14-2.htm)

## REQUIRED

### KNOW WHAT PERMITS YOU NEED

Check with your local health department early in your planning to discuss temporary food service establishment requirements ([www.health.ny.gov/EnvironmentalContacts](http://www.health.ny.gov/EnvironmentalContacts)) and to obtain any permit(s) you might need. Allow 3-4 weeks for processing permit applications.

### SPECIFIC REQUIREMENTS FOR FOOD PREPARATION AND STORAGE

- Food must be prepared on site or in a health department-approved kitchen.
- Home prepared foods are not allowed.
- On-site food preparation should be limited to seasoning and cooking.
- All food must be kept covered while in holding or on display.
- During any transport, proper hot/cold holding temperatures must be maintained.
- All food must be stored at least 6 inches off the ground and placed in food safe containers.

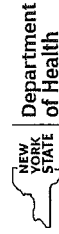
## TIPS & INFO

### TIPS TO REMEMBER

- Check with your local health department early in your event planning to review all requirements.
- Follow all food handling, preparation, and storage requirements.
- Make sure food is cooked to specified cooking temperature requirements (Subpart 14-2).
- Follow proper procedures to keep food hot or cold.
- Use food thermometers to check cooking and holding temperatures.
- Be sure to use an approved water supply source when preparing food.
- Hand hygiene is important! Wash your hands often, wear your gloves, and change gloves when needed.
- Follow dishwashing procedures.
- Keep garbage in lined containers.
- Keep floors, food preparation, and storage areas clean.

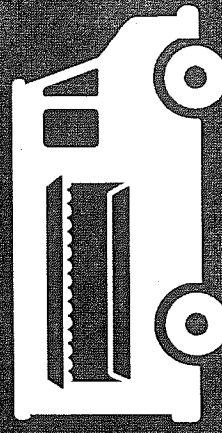
### GET MORE INFORMATION

**Temporary Food Service at Events**  
[www.health.ny.gov/TempFood](http://www.health.ny.gov/TempFood)  
**Contact Your Local Health Department**  
[www.health.ny.gov/EnvironmentalContacts](http://www.health.ny.gov/EnvironmentalContacts)



6584

9/16



## FOOD SERVICE VENDORS

### General Guidance for Temporary Food Service Establishments at Events

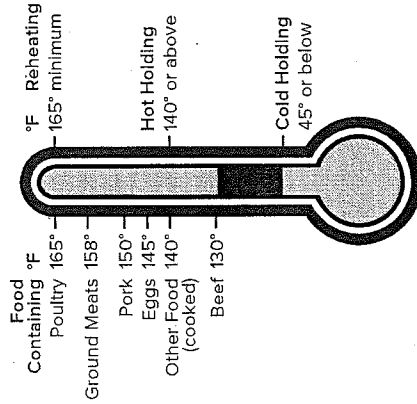


# FOOD

## COOKING/HOLDING TEMPERATURES

(See Subpart 14-2 of the New York State Sanitary Code for cooking details)

### COOKING TEMPERATURES



A food thermometer (accurate to  $\pm 2^\circ\text{F}$ ) must be on site and used to check cooking temperatures and hot/cold holding temperatures. Typical thermometers read from  $0^\circ\text{F}$  -  $220^\circ\text{F}$

## COLD STORAGE

(Cold Holding must be  $45^\circ\text{F}$  or below)

- Cold storage food must be kept in refrigerators and coolers.
- Accurate thermometers ( $\pm 2^\circ\text{F}$ ) must be in all refrigerators and coolers.
- Ice being used to chill foods cannot be used in beverages.

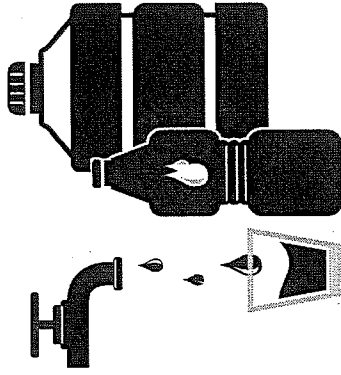
# WATER

## DRINKING WATER

All water used for drinking, preparing food, and making ice (potable/consumable) must be from these sources:

- a municipal public water supply,
- a NYS or county approved water supply, such as from a restaurant, or certified bottled water.

All physical connections to a water supply must maintain adequate backflow prevention, such as a vacuum breaker.



## WASTE WATER

All waste water must be disposed of in a sanitary sewer, an approved septic system, or in a holding tank.

## KEEP AREA CLEAN

- The ground within the food preparation and food storage areas must be kept clean, and measures should be taken to prevent build-up of dust or mud.
- Place all garbage into trash containers with plastic bag liners.

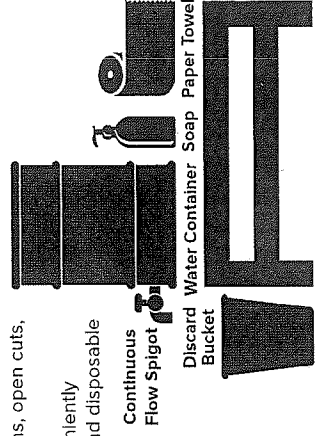
# HAND WASHING

- All food handlers must be free of illness, infections, open cuts, or sores.

- Hand washing facilities must be available, conveniently located on site, and include warm water, soap, and disposable paper towels as shown.

## Wash Hands

- Before putting on single service gloves
- After touching raw, fresh, or frozen beef, poultry, fish, or meat
- After using the bathroom
- After smoking, eating, sneezing, or drinking
- After mopping, sweeping, removing garbage, or using the telephone
- After touching anything that might result in contamination of hands



## Proper Hand Washing Procedure



## Glove Use

Use gloves, utensils, deli paper, waxed paper, or napkins to prevent bare hand contact with all foods ready to be served to the public.

Always change gloves if they get ripped, torn, or contaminated. Contamination can occur after using the bathroom, smoking, coughing, sneezing, and in between preparing raw and cooked foods. Food workers' hands must be washed thoroughly and be cleaned before wearing new gloves.

# DISHWASHING

A dishwashing station should be set up using the three sink method and sanitizing solution as shown.

## Sanitizing solution for dishwashing

- 1 teaspoon of household bleach per 1 gallon of water. Use chlorine test strips to ensure the concentration is 50 - 100 parts per million (ppm).

