

Application for Permit(s) to Operate Temporary Food Service
Cattaraugus County Health Department

Section A: Owner/Operator Information

Permit Application Information

Operating Corporation _____

Person in Charge _____
First M.I. Last

Legal Address _____

Total Fee: _____

City, State, Zip _____

SSN or EIN Number _____		
SSN	EIN	Number _____
(Circle One)		

Other Name(s) to print on Permit: _____

Phone _____

E-mail address _____

Home Cell Other (Circle One)

Section B: Please list event for which permit is 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

CATTARAUGUS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Questions to be answered by temporary food establishment operators prior to permit issuance. **Please return with application and fee of \$40.00 (please note there are no longer any fee exemptions) to:**

Cattaraugus County Health Department, 1 Leo Moss Drive., Suite 4010, Olean, New York 14760-1154

1. What type of food will be served? _____

2. What is the anticipated number of people to be served? _____
3. What is the duration of food service (hours per day(s)) _____
4. (a) Where will the food be prepared? On-site? _____
Off-site? _____
(b) If off-site, exactly where? _____

(c) When will it be prepared? (dates/times) _____

5. Is food handling, preparation, holding and storage equipment available? _____
Describe: _____

6. Will metal stemmed thermometers be available to monitor food temperatures? _____
7. What is the source of ice used in drinks, for food storage, snow cones, etc.? _____
8. Handwashing facilities: Are soap, hot and cold running water (or tempered water) and sink available?

9. What is the source of water? _____
10. How will sewage and liquid waste disposal be accomplished? _____

11. (a) Are toilet facilities available? _____ (b) Where? _____
(c) Approximate distance from the food preparation and service area? _____
12. What methods will be used to control insects and vermin? _____

13. Have all those individuals who will be handling food during this event been made familiar with what is required of them by Sub-Part 14-2 (Temporary Food Service Establishments) of the New York State Sanitary Code? _____
How? _____

Have all food workers read the informational packet entitled "Food Safety & Special Events"? _____

14. List the methods you will use to effectively prevent direct manual contact with food:

15. Dishwashing: _____ Manual (facilities must be provided to wash, rinse and sanitize)

_____ Automatic Dishwasher

_____ None - Single Service Only

_____ Other - Describe: _____

IMPORTANT - - PLEASE READ!

As the operator of a Temporary Food Service Establishment, prevention of food-borne illness is your responsibility. By law, this Department must, and will, investigate all outbreaks of food-borne illness. If your operation is documented as the source of an outbreak, legal action (which may include imposition of fines) will be taken against you and/or your organization.

Signed: _____

Title: _____

Date: _____

SPECIAL NOTICE

New York State Workers' Compensation/Disability Benefits Insurance Requirements

Effective December 1, 2008, the New York State Workers' Compensation Board (WCB) has replaced Form WC/DB-100 (previously used to demonstrate exemption from WC/DB insurance requirements) with new Form CE-200. Consequently, every permittee MUST EITHER:

- A) Provide current insurance policy information (see application Section G), OR
- B) File a new CE-200 exemption form with your Health Department permit application.

Failure to provide complete and accurate Workers' Compensation Insurance information, or proof of exemption, will preclude Health Department issuance/renewal of your permit. Current forms must be attached to your application each year or the permit will be denied pursuant to the New York State Workers' Compensation Law (NYSWCL).

An instruction manual that will further clarify the requirements and the new CE-200 exemption form can be accessed and downloaded at the WCB website, www.wcb.ny.gov. Once you are on the website, to fill out the CE 200 form, go to the bottom right of the home page and click on WC/DB Exemptions Form CE 200 box. If you have any questions about this, you may call (866) 298-7830.

The majority of these forms will be processed electronically. Applicants with computer access at home or work should complete the application on-line and directly print your own copies to enclose for your Health Department permit. Applicants without home computers can obtain the necessary paper form for mailing to the WCB by visiting the Jamestown Customer Service Center located in the Municipal Building at 200 East Third Street (phone: 866-211-0645). However, be advised that mail applicants may wait up to four weeks before receiving their approved CE-200 form. To avoid delays, ALL applicants are strongly encouraged to use the on-line form. Therefore, if you do not have a home computer with Internet access, we suggest you visit your local public library to use one.