

TEMPORARY FOOD SERVICE APPLICATION

ENVIRONMENTAL HEALTH SERVICES
CHEMUNG COUNTY HEALTH DEPARTMENT
103 Washington Street, PO Box 588
Elmira, New York 14902

For
Office
Use
Only

Fee Paid: _____
Date Rec'd: _____
Receipt #: _____
Deliver Mail Pick up

Phone: (607) 737-2019 Fax: (607) 737-2059 www.chemungcountyhealth.org

It is a violation of the NYS Sanitary Code and the Chemung County Sanitary Code to operate a Temporary Food Service Establishment without a valid permit. Please type or print the required information and *return the completed application at least 10 days before the first day of operation* in order to assure prompt issuance of your permit. NOTE: False statements made on this application are punishable under the Penal Law.

OPERATOR INFORMATION

Organization/Operator: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

Coordinator Name: _____ Phone: _____
(Contact Person)

EVENT INFORMATION

Name/Location of Event: _____

OPENING DATE: ___ / ___ / ___ **TIME:** ___ : ___ a.m. / p.m. **CLOSING DATE:** ___ / ___ / ___ **TIME:** ___ : ___ a.m. / p.m.

Food to be served: _____

This Dept. reserves the right to restrict menu items.

Food purchased from: _____ Equipment used: _____

WORKER'S COMP & DISABILITY INSURANCE

You must attach proof of Worker's Comp and Disability Insurance **OR** form CE-200 (Exemption Form). See *Instructions on back for details*. **Permits will NOT be issued without this paperwork.**

SIGNATURE - ENTIRE SECTION MUST BE COMPLETED BY ALL APPLICANTS

The undersigned applicant agrees to operate the Temporary Food Service establishment in compliance with Subpart 14-2 of the New York State Sanitary Code.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____

FOR OFFICE USE ONLY

Name of person interviewed: _____

Items Covered:

Menu Review: Is menu appropriate for location, facility, & length of permit? Yes / No - If **NO**, state menu limitations (below):

Anticipated number of customers to be served: _____

Food Prep limited to seasoning and cooking on-site? Yes No; If No, where and how is prep done? _____

Source of water & ice: _____

Cold storage facilities: _____

Probe thermometer & cooking temperatures: _____

Hot Holding facilities to be provided & holding temp reviewed: _____

Hand washing facility: _____

Use of gloves & proper utensils (NO bare hand contact): _____

Exclude ill workers: _____

Dishwashing (if applicable): _____

APPROVED? NO YES BY: _____ DATE: ___ / ___ / ___

INSTRUCTIONS ON BACK

INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

➤ **APPLICATION FEES ARE NON-REFUNDABLE**

➤ **WORKERS' COMPENSATION AND DISABILITY INSURANCE**

As a government agency we are prohibited from issuing permits until you submit one of the following:

• **If you have Worker's Comp & Disability Insurance:**

Attach proof of insurance certificates to your application. Please refer to list of acceptable proof (below).

• **If you do not have Worker's Comp & Disability Insurance:**

You must file for an exemption from these requirements (Form CE-200).
See below for details on how to obtain this form.

Submit the completed and signed CE-200 to our office along with your application.

➤ **SIGNATURE** - All applications must be signed.

Workers' Compensation and Disability Insurance Requirements for Permitted Facilities

One or more of the following forms must accompany the application to document compliance with the Worker's Compensation Law. Permits will not be issued without this paperwork:

When Worker's Comp and/or Disability coverage IS provided.

Proof of Workers' Compensation Insurance:

- One of these
- **Form C-105.2** – Certificate of Worker's Compensation Insurance (**Contact your Insurance carrier**; they will have to generate this form. If you prefer you can have them **fax it directly to our office at 607-737-2059**)
Note: Form **C-105** is not acceptable proof, must be form **C-105.2**
 - OR
 - **Form U-26.3** – Certificate of Workers' Compensation Insurance (Issued by the **State Insurance Fund**, you will have to contact them. If you prefer you can have them **fax it directly to our office at 607-737-2059**)
 - OR
 - **Form SI-12** – Certificate of Workers' Comp Self-Insurance (usually only applies to major corporations or government agencies).
 - OR
 - **GSI – 105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance (usually only applies to major corporations or government agencies).

AND

Proof of Disability Benefits Insurance:

- One of these
- **DB-120.1** - Certificate of Disability Benefits (**Contact your Insurance carrier**, they will have to generate this form. If you prefer you can have them **fax it directly to our office at 607-737-2059**)
Note: Form **DB-120** is not acceptable proof, must be form **DB-120.1**
 - OR
 - **Form DB-155** – Certificate of Disability Benefits Self-Insurance Insurance (usually only applies to major corporations or government agencies).

Important: Acord Forms are not acceptable as proof of insurance coverage.

When Worker's Comp and/or Disability coverage IS NOT provided.

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

You can obtain form CE-200 from one of the following:

- **On-line** - There is a direct link to the Exemption Form (CE-200) on our website www.chemungcountyhealth.org near the bottom of the main page. (**Note: You will need to turn off Pop-up Blockers on your computer in order to print form.**)
- **Worker's Compensation Office at 167 Lake St., Elmira, NY.**
Very helpful staff available there to assist you.