

# 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 Amount: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Deliver    Mail    Pick up

Phone: (607) 737-2019    Fax: (607) 737-2059    [www.chemungcountyhealth.org](http://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 of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_

**OPENING DATE & TIME:** \_\_\_\_\_ **CLOSING DATE & TIME:** \_\_\_\_\_

<u>Food to be served:</u> This Dept. reserves the right to restrict menu items.	<u>Food purchased from:</u>	<u>Equipment used:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please use back of form if more space is required.*

## WORKER'S COMP & DISABILITY INSURANCE

You must attach proof of Worker's Comp and Disability Insurance **OR** form CE-200 (Exemption Form). See *Instruction sheets 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 Operator: \_\_\_\_\_ 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): \_\_\_\_\_

- All food prep on-site?  Yes  No; If no, where? \_\_\_\_\_  
 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 FOR FILLING OUT ATTACHED APPLICATION

Please fill out all blank areas on the attached application.

Please pay special attention to the following items:

- **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 enclosed list of acceptable proof.

- **If you do not have Worker's Comp & Disability Insurance:**  
You must file for an exemption from these requirements online at the Worker's Comp Board website.  
You will need to complete exemption form **CE-200**

**There is a direct link to the Exemption Form (CE-200)  
on our website near the bottom of the main page.**

**Go to: [www.chemungcountyhealth.org](http://www.chemungcountyhealth.org)**

**Note:** If you do not have internet access, you can go to the **Worker's Comp Office** at 167 Lake St., Elmira, for assistance.

**Print out the completed CE-200 and submit it 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 (issued by the applicant's insurance carrier);  
**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)
  - or
  - **Form SI-12** – Certificate of Workers' Compensation Self-Insurance
  - or
  - **GSI – 105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance;

**AND**

##### Proof of Disability Benefits Insurance:

- One of these {
- **DB-120.1** - Certificate of Disability Benefits (issued by the applicant's insurance carrier);  
**Note:** Form **DB-120** is not acceptable proof, must be form **DB-120.1**
  - or
  - **Form DB-155** – Certificate of Disability Benefits Self-Insurance

**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.