

# TEMPORARY FOOD SERVICE APPLICATION

## ENVIRONMENTAL HEALTH SERVICES

### CHEMUNG COUNTY HEALTH DEPARTMENT

103 Washington Street, PO Box 588  
Elmira, New York 14902

Phone: (607) 737-2019 Fax: (607) 737-2059

[www.chemungcountyhealth.org](http://www.chemungcountyhealth.org)  
email: ehs@co.chemung.ny.us

For  
Office  
Use  
Only

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

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

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

These forms can be faxed to our office at (607) 737-2059, emailed to [EHS@co.chemung.ny.us](mailto:EHS@co.chemung.ny.us) or mailed to our office along with your application.

#### 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). **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).
  - 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). **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 WC/DB 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](http://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.**