TEMPORARY FOOD SERVICE APPLICATION

Chemung County Health Department
Environmental Health Services
103 Washington St., PO Box 588
Elmira, NY 14902-0588

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

ehs@chemungcountyny.gov

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: _____ E-mail: _____

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

Worker's Comp and Disability Insurance **OR** form CE-200 (Exemption Form) are required. *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: ____ / ____ / ____

Form number 04-062

INSTRUCTIONS ON BACK

INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

- **APPLICATION FEES ARE NON-REFUNDABLE.** We can accept the following forms of payment: **Check** (made out to "Chemung Co. Health Dept."), **Cash** (exact change please, in person only), or **Credit/Debit card** either in person or by phone, but please be aware that there is a minimum $1.00 service fee (up to 2.25 %) if you pay this way.
- ***WORKERS' COMPENSATION AND DISABILITY INSURANCE***
  As a government agency, we are prohibited from issuing permits until you submit either proof of insurance or a CE-200 Exemption form. See below for details.
- **SIGNATURE** - All applications must be signed.

Current Fees: 1 day event: **$25.00** / 2 – 3 days in a row at a single location: **$35.00** / 4 – 14 days in a row at a single location: **$55.00** / Temp Civic (such as Wisner Mkt) One day a week at same location for the season: **$129.00**

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 sent directly to our office by your insurance agent via email to EHS@chemungcountyny.gov, fax (607) 737-2059, or they can be 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 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 is required.

You can obtain form CE-200 from the following:

On-line – Through Worker's Comp Board website at:

https://www.businessexpress.ny.gov/app/loginregister

- Or you can email us at EHS@chemungcountyny.gov or call our office at **607-737-2019** to request that we email you the link to the Worker's Comp Board Website along with instructions on how to complete the form online.

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

The CE-200 is a one page document that should look like this:

