Location# _____

Permit# _____

ORANGE COUNTY DEPARTMENT OF HEALTH
Division of ENVIRONMENTAL HEALTH
124 MAIN STREET, GOSHEN, NY 10924 (845) 291-2331
EnvHealth@OrangeCountyGov.Com www.OrangeCountyGov.com

Event ID# _____

Temporary Food Service Establishment Permit Application

EVENT INFORMATION

Official Name of Event: _____ **Event Location:** _____

Event Organizer Info -Contact Name _____ **Email** _____ **Phone#** _____

Event Website Address: _____ **Date(s) & Time(s) for Entire Event: (*Your* Dates will be listed below)** _____

YOUR Booth and Operator Information

Name of Your Booth / DBA
(Doing Business As name on Sign/advertising):

List individual dates you are planning to attend the Event:

1._____ 2._____ 3._____ 4._____ 5._____ 6._____

7._____ 8._____ 9._____ 10._____ 11._____ 12._____

13._____ 14._____

If you have more than 14 dates, complete another application with the additional dates & additonal fee.

Each permit can cover up to 14 consecutive or non-consecutive dates, if they are for the same event, Ie: Farmer's Market, multi-day festival, etc.

Name of State Registered Operating Entity:
(Business, Partners or individual), include Inc, Corp etc.

Type of Operating Entity: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Association

Type of Business: ☐ Commercial (for Profit) ☐ Non-commercial/Non-profit

Having Frozen Dessert Manufactured On-site*? (Soft-serve ice cream, snow cones, slush puppies etc.)? ☐ **No** ☐ **Yes (Addt. $25)**

Contact Person(s) (If not listed above)			
MAILING Address:	Street Address		Unit #
	City	State	ZIP Code
Phone #(s):		☐ Office ☐ Cell ☐ Home	
Email Address*			

Fee Schedule and Payment Information

GET IT IN EARLY!!

****Expediting Fees are charged if not received at least 5 business days prior to the event.**

IF EXPEDITING- *NO PERSONAL CHECKS !*

HOW MUCH DO YOU OWE? - *Check all that apply*

- ☐ **$75- submitted at least 5 business days prior to event**
- ☐ **$175- expedited- submitted 3-4 Business days prior to event****
- ☐ **$275- expedited- submitted 0-2 Business days prior to event****
- ☐ **Additional $25 for Frozen Dessert machine**

$

HOW TO PAY APPLICATION FEE(s)-

- *Cash- **exact amount** only, no change available*
- *Personal Checks- **only if NOT expediting***
- *Certified Bank Checks or Money Orders*
- *Credit card payments when machine is functioning -ONLY IN PERSON (3% surcharge)*

Make checks/MOs payable to: ORANGE COUNTY DEPARTMENT OF HEALTH or OCDOH

- ***Applications are not accepted without payment.***
- **Only Non-commercial Apps without fees accepted through email.**

Insurance Requirement

Required for all applications- **WORKERS' COMPENSATION AND DISABILITY INSURANCE COVERAGE or Exemption**

Check off and submit copies with the application to document compliance with the Workers' Compensation Law:

Workers' Compensation (Check One):
☐ Form C105.2 ☐ Form U-26.3 ☐ Form SI-12 ☐ GSI-105.2 OR ☐ CE-200 Exemption Form

Disability Insurance (Check One):
☐ Form DB 120.1 ☐ Form DB-155 OR ☐ CE-200 Exemption Form

MUST COMPLETE BOOTH INFO & SIGN ON PAGE 2

CE-200 found at www.BusinessExpress.NY.Gov

TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION (Page 2)

Booth Information

List of foods to be served: _____

_____

Please Note: Section 14-2.3 of the New York State Sanitary Code restricts temporary food service operations to serving foods that require limited preparation requiring only seasoning and cooking (hamburgers, hot dogs, sausage and peppers etc.). The preparation and service of **other potentially hazardous foods is prohibited** except if prepared under approved conditions, transported and stored at proper temperatures in approved facilities and served without contamination to the consumer.

1. If not prepared on site, where will foods be prepared? *Please attach a copy of the facility's permit, license or authorization to utilize an acceptable exempt facility falling under the provisions of Section 14-1.184 of the New York State Sanitary Code.* **Important**- ******Home prepared potentially hazardous food is not permitted******

   _____

   _____

2. How will foods be transported from site of preparation to the event? (Specify type of containers, vehicles etc.)

   _____

   _____

3. How will potentially hazardous foods be maintained at proper temperatures both in transit to and at the location of the event? Please describe facilities for both refrigeration and hot holding.

   _____

   _____

4. Will thermometers be provided to measure both refrigeration and hot holding temperatures during transit and holding at the event location?

   _____

5. If not obtained at the event location, what will be the source of water used for handwashing and utensil washing and disinfection? **Only water from an approved public water supply system is acceptable.**

   _____

6. What is the source of ice used for human consumption? **Only ice from an approved source is acceptable**.

   _____

If this application is approved, the undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Subpart 14-2 of the New York State Sanitary Code.

Signature of Operator: _____ Date: _____

Operator's Name (Printed): _____ Daytime Phone #: _____

Person Responsible For Food Prep and Service: (If Different from Above) _____ Daytime Phone #: _____

For EH Office Use Only:
Permit Expiration: _____ Issued By: _____