ORANGE COUNTY DEPARTMENT OF HEALTH – Division of Environmental Health
124 Main Street – 3rd Floor, Goshen, NY 10924, Telephone: 845-291-2331
Email: EnvHealth@orangecountygov.com, Website: www.orangecountygov.com

FOR OFFICE USE ONLY
F# _____
P# _____
OP# _____

Mobile Food Service Establishment Permit Application

Name of Mobile Unit: (Name you will have on advertisements/signs/menus)

Reason for Application: ☐ New Operator ☐ New Unit ☐ Permit Renewal ☐ Name Change

Type of Vehicle: ☐ Motorized- License Plate # _____ ☐ Pushcart

Location/Area Served:

Foods to be Served:

Frozen Dessert Manufactured On the Unit* (Soft serve ice cream, snow cones, slush puppies etc.)?
☐ No ☐ Yes (Additional $25 Fee)

☐ Year-Round ☐ Seasonal	Expected Opening Date	Expected Closing Date

Please Note: ***All*** Mobile Food Service Permits expire on December 31st each year.

Commissary Information

Commissary Kitchen (for Food Storage & Unit Cleaning) (Name on Permit)

PICK ONE **- *Is the above Commissary in Orange County?* – (NOTE the attachments required)**

☐ **Yes** – ***Attach-*** **Mobile Food Service Commissary Letter** (pg. 4)

☐ **No** – ***Attach-*** **Copy of Out-of-County Permit & Mobile Food Service Commissary Letter** (pg. 4)

Operator Information

Name of Operating Entity (Business or individual):

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

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

Contact Person(s) (If not listed above)			
MAILING Address:	Street Address		Unit #
	City	State	ZIP Code
1st Phone #:		☐ *Office* ☐ *Cell* ☐ *Home*	
Email Address* (REQUIRED)			

CONTINUED ON PAGE 2- Signature Required

Fee Schedule

Commercial / For-Profit Fees -

Mobile Food Service Application Fee- $150 (additional fee if expediting is approved)**
Frozen Dessert - Extra $25

Non-Commercial / Non-Profit Fees-

- Only expediting fees** ($200 or $100) required and Frozen Dessert Fee, if applicable

****Expediting**- ***available with approval***

- review/processing within 5 business days - Additional $100 fee
- review/processing within 2 business days - Additional $200 fee

If approved, the entire payment (including application fees) must be paid with cash, bank certified check or money order.

How to Pay Application Fee-

Acceptable types of payment:

- **Cash**- exact amount only, no change available
- **Personal Checks-** only *If not expediting*
- **Certified Bank Checks or Money Orders**
  - Make checks/MOs payable to: **ORANGE COUNTY DEPARTMENT OF HEALTH** or **OCDOH**

Sorry, credit card payments are not accepted at this time.

Applications are not accepted without payment.
Therefore, *Commercial Applications are not accepted through email*.

The following items can be emailed to OCDOH at EnvHealth@OrangeCountyGov.com

- *Non*-commercial/*Non-profit* Applications and supporting documents
- Proof of Insurance or exemption (see requirement below)

Insurance Requirement

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

Check 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 ☐ Form GSI-105.2 OR ☐ CE-200 Exemption Form

Disability Insurance (Check One):

☐ Form DB 120.1 ☐ Form DB-155 OR ☐ CE-200 Exemption Form

APPLICATIONS WILL NOT BE PROCESSED NOR A PERMIT ISSUED WITHOUT WC/DB DOCUMENTATION

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this permit is granted me for the operation of the above described food service establishment, I promise to observe faithfully all of the requirements of Subpart 14-1 of the New York State Sanitary Code.

Name of operator: _____ Title: _____
Printed

Signature: _____ Date: _____

For EH Office Use Only:
Mobile Unit Permit Issued _____ Issued By: _____

Current Schedule of Orange County Events Attending

Mobile Food Service Name

FOR OFFICE USE ONLY

F#_____

P#_____

OP#_____

EVENT	LOCATION	DATE(s)	TIME(S)

Next Go To Commissary Letter (Pg 4)

Orange County Department of Health

124 Main Street, Goshen, New York 10924-2199 ❖Ph: (845) 291-2331 ❖Fax: (845) 291-4078

FOR OFFICE USE ONLY
F# _____
P _____
OP# _____

Mobile Food Service Commissary Letter

Date: _____

Number of Mobile Units: ☐

Name(s) of Mobile Food Unit(s) _____

Mobile Food Owner's Name(s) _____

Mobile Food Operator's Mailing Address _____

Street No. Street Name City State Zip Code

has my permission to use my establishment as a commissary for storing, replenishing, and preparing food, for washing and sanitizing equipment and utensils, for disposing of all solid and liquid wastes accumulated during operation.

I confirm and verify that the following services will be provided for the Mobile Food Establishment:

- Potable water for filling water tanks.
- A two or three compartment sink for sanitizing utensils.
- Hot and cold running water for cleaning.
- Sanitary disposal of wastewater and grease.
- Disposal of garbage and refuse.
- Adequate space for refrigeration/storage of food, utensils and other supplies.
- Adequate space for food preparation.

Name of Commissary	
Address of Commissary	
Name of Owner/ Operator of Commissary	

Commissary's Owner/Op Phone	**Commissary's Owner/Op Email**
Commissary Water Supply _____**Public** _____**Private**	**Commissary Sewage Disposal** _____**Public** _____**Private**

Signature of Commissary Operator **Print Name** **Date**

☐ **Check box if a copy of the Commissary Permit/Food Service Permit or License is attached.**
******Must be included if <u>not permitted</u> by Orange County Department of Health******