



Schenectady County Public Health Services

Environmental Health Division
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Check/Pmt. # _____
Amount \$ _____
Deposit # _____
Date Received _____

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

Complete one form per event per booth

Submit application at least 10 business days prior to the event. The fee must accompany this application payable by cash, check payable to Schenectady County or online payment.

1. EVENT INFORMATION

Name of Event: _____ Date(s): _____ Times: _____

Location of the Event: _____

Address: _____ City: _____ Zip Code: _____

2. VENDOR INFORMATION

Name of Food Booth: _____ Date(s): _____ Times: _____

Name of Person Responsible for Booth Operation: _____ SSN/EIN Number: _____

(Circle One)

Legal Operator/Operating Corporation: _____

Email: _____ Phone: _____ Alt. Phone: _____

Mailing Address: _____ City: _____ Zip Code: _____

3. FOOD INFORMATION

Attach a copy of your menu for this event or list menu items below:

Supplier(s) of Ingredients: _____

Food will be prepared: Same day on site Commissary kitchen Religious, fraternal, or charitable organization kitchen. If using a commissary kitchen, you must submit *Use of Commissary/Shared Kitchen Agreement Verification*.

Name & Address of Commissary/Religious, fraternal, or charitable organization kitchen : _____

Transport Equipment: Ice chest Cambro boxes Refrigerated vehicle Other: _____

Hot Holding Equipment: Steam table Chafing dish Grill Other: _____

Cold Holding Equipment: Refrigerator Freezer Ice chest with freezer Other: _____

Food Storage: Approved Commissary Trailer Purchased day of event
 Religious, fraternal, or charitable organization kitchen Other: _____

Water Supply: Public water Bottled water Other: _____

Where and how will the foods be prepared? Where and how will leftover foods be stored? _____

Hand-wash Station: describe set up for hand wash station (portable sink, thermos with spigot, etc.) _____

Equipment washing: describe where and how utensils will be washed on site (will provide portable wash, rinse, sanitize stations/provide extra utensils/no washing required for operation/etc.) _____

Wiping cloths: Sanitizing bucket with solution Disposable cloths Other: _____

Wastewater disposal: how and where will wastewater be disposed? (Dumping wastewater in storm drains and or storm sewers is illegal) _____

Garbage Disposal: Provided by Event Coordinator Dumpster located on site
 Will collect and haul away Other _____

4. WORKERS' COPENSATION AND DISABILITY INSURANCE

Submit copies of the following documentation with the application to document compliance with the Workers' Compensation Law:

A. Workers' Compensation and Disability Insurance Coverage Provided		OR	B. Workers' Compensation and Disability Insurance is NOT PROVIDED
Workers' Compensation <input type="checkbox"/> Form C-105.2 <input type="checkbox"/> Form U-26.3 <input type="checkbox"/> Form SI-12 <input type="checkbox"/> GSI-105.2	Disability Benefits <input type="checkbox"/> DB-120.1 <input type="checkbox"/> DB-155		<input type="checkbox"/> Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

5. SIGNATURE (Entire section must be completed by all applicants)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW. Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the New York State Sanitary Code.

Signature of individual operator or authorized official _____

PRINT name of person signing _____ Title _____ Date _____

FOR OFFICE USE ONLY	
Permit issuance recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Effective Date _____ Permit Expiration Date _____
Conditions of approval _____	
Signature _____	Title _____ Date _____