



Monroe County Department of Public Health - Food Protection  
 111 Westfall Road – Room 832  
 Rochester, New York 14620  
 Phone (585) 753-5064 / Fax (585) 753-5013  
[food@monroecounty.gov](mailto:food@monroecounty.gov)

GAZ. No. _____
CK. No. _____ \$ _____
Date Rcvd. _____

## APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

In accordance with subpart 14-2 of the New York Sanitary Code

### COMPLETE ONE FORM PER EVENT PER BOOTH

**FEES:** 1 DAY EVENT: **\$55.00** 2-3 DAY EVENT: **\$85.00** 4-14 DAY EVENT: **\$115.00** LOW RISK 1-14 DAY EVENT: **\$55.00**

Please submit application **at least 10 days prior** to the event or an **\$18 LATE FEE** will be applied. The fee must accompany this application payable by cash, check or money order to the **Monroe County Department of Public Health** For Credit Card payments please complete the [Credit Card Authorization Form](#).

### 1. BOOTH INFORMATION

\_\_\_\_\_ to \_\_\_\_\_  
 Name of Food Booth Serving Date(s) Serving Time(s)

\_\_\_\_\_  
 Name of Event/Festival

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Dates of Event/Festival \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name of Certified Food Worker\* (if applicable) Certificate # Expiration Date

**\*YOU MUST INCLUDE A COPY OF A CURRENT FOOD CARD/CERTIFICATE WITH THIS APPLICATION**

### 2. CONTACT INFORMATION

\_\_\_\_\_  
 Name of Person Responsible for Booth Operation Organization/Company Name (if applicable)

\_\_\_\_\_  
 Email (REQUIRED) Cell Phone (REQUIRED)

\_\_\_\_\_  
 Contact Address City Zip

### 3. FOOD INFORMATION

Where are the food/beverages to be prepared? (**HOME-PREPARED FOODS ARE NOT ALLOWED**)

On Site?  If not, Permitted Facility name: \_\_\_\_\_

List of Hot Foods: \_\_\_\_\_

How Will They Be Transported? \_\_\_\_\_

List of Cold Foods: \_\_\_\_\_

How Will They Be Transported? \_\_\_\_\_

Beverages: Prepackaged/Bottled?  Blended/Mixed Drinks?  Served with Ice?

Describe: \_\_\_\_\_

#### 4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

*(Proof of insurance is required prior to permit issuance)*

##### **Workers' Compensation: Check and Submit Certificate with Application**

- Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance; **OR**
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

##### **Disability Benefits: Check and Submit Certificate with Application**

- DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

***\*NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.***

##### **When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application**

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is **NOT** provided)

**Note:** Instructions for obtaining and filing a Certificate of Attestation of Exemption from the NYS Workers' Compensation and/or Disability (CE-200) through New York Business Express are located on [businessexpress.ny.gov](http://businessexpress.ny.gov) Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 W. Main St, Rochester, NY 14614.**

**Questions? Call the NYBE contact Center: (877) 632-4996**

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*The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.*

Owner's Signature \_\_\_\_\_

Owner's Name (Print) \_\_\_\_\_

Date of Application \_\_\_\_\_

#### **THIS IS NOT A PERMIT TO OPERATE!**

A temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).