



Monroe County Department of Public Health

APPLICATION TO REQUEST ADDITION OF CATERING TO AN EXISTING HEALTH DEPARTMENT PERMIT

FOOD ESTABLISHMENT NAME: _____

MONROE COUNTY PERMIT #: _____

I HAVE THE REQUIRED AND/OR NECESSARY EQUIPMENT TO DO CATERING
ACCORDING TO NYS SANITARY CODE §14.1

- CAMBROS
- COOLERS
- RELIABLE VEHICLE

OWNER/OPERATOR NAME: _____

OWNER/OPERATOR SIGNATURE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED DATE: _____

SANITARIAN SIGNATURE: _____