



Kenneth W. Jenkins
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S.
Commissioner

NOTICE TO APPLICANTS: TEMPORARY FOOD SERVICE OPERATION

According to provisions of the Westchester County Sanitary Code and New York State Sanitary Code requires that a permit be obtained from the Department **PRIOR TO** the operation of a Temporary Food Service Establishment. **Any temporary food service found operating without a valid permit shall be subject to closure and legal action with additional fines.**

To apply, you are required to file the following documents:

1. Application for a Temporary Food Service Permit

All questions must be answered and the application must be signed and dated. Please include your phone and email contact information.

2. Corporate Ownership

If ownership of the business is a corporation, you must file the enclosed "Certificate of Resolution". The person who signs the Renewal Application *must be* the same person named and authorized in the Certificate of Resolution. A corporate seal is not required. If your corporate officers have changed since you last filed your application, submit a list of names and addresses of the new corporate officers.

3. Application Fee

A **NON-REFUNDABLE** application fee for a Temporary Food Service is as follows:

If a complete application is received 5 or more business days in advance of the event, Total Due is **\$85.00**

If a complete application is received less than 5 business days prior to the event, a **\$70.00 late fee** is incurred, Total Due is **\$155.00**.

Payment can be accepted in the form of Certified Check, Money Order, or Credit Card by using the enclosed Credit Card Authorization Form. Cash payments are **NOT** accepted.

**Please make certified checks or money orders payable to:
WESTCHESTER COUNTY HEALTH DEPARTMENT**

4. Handling Process for Food and Beverage Items

NO HOME COOKED OR PROCESSED FOODS PERMITTED

Complete this form with the food items that will be offered by the Temporary Food Service Operation. Only the foods listed on this form will be allowed.

(over)

5. Provide Workers' Compensation & Disability Insurance

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits must provide the following forms to the government entity issuing the permit:

CE-200 -- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. This form can be found at www.wcb.ny.gov
For technical support, contact 518-485-5000.

FOR WORKERS' COMPENSATION- ACORD FORM NOT ACCEPTED

C-105.2 -- Certificate of Workers' Compensation Insurance, **OR**

U-26.3-- State Insurance Fund; **OR**

SI-12 -- Certificate of Workers' Compensation Self-Insurance; **OR**

GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance

FOR DISABILITY BENEFITS

DB-120.1 -- Certificate of Disability Benefits Insurance; **OR**

DB-155 -- Certificate of Disability Benefits Self-Insurance

Any questions concerning the forms or procedure should be directed to the local NYS Workers' Compensation Board Office or the Bureau of Compliance, NYS Workers' Compensation Board at 877-632-4996.

Submit all required documents **PRIOR TO OPERATION** to:

**Westchester County Health Department
Bureau of Public Health Protection
11 Martine Avenue, 12th Floor
White Plains, NY 10606
914-864-7330
DOH-BPHP@westchestercountyny.gov**

Guidelines and Health Requirements for Temporary Food Service Operations

Temperature Control

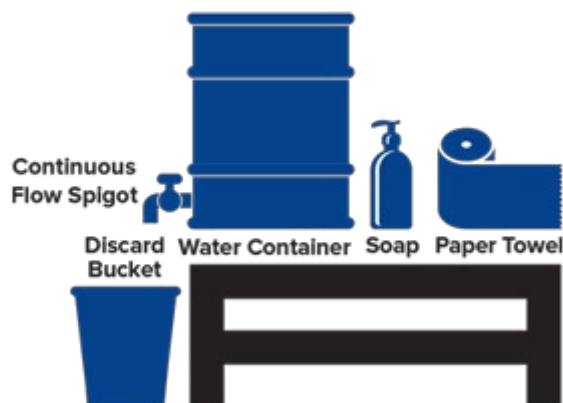
- **Cold holding** - potentially hazardous foods must be held at or below **45°F**.
- **Hot holding** - potentially hazardous foods must be held at or above **140°F**.

*During transport, proper hot/cold holding temperatures must also be maintained.

Cooking Temperatures

- Hamburgers, Sausages and other ground meats- **158°F** to ensure destruction of *E. Coli* and other harmful bacteria
- Poultry - **165°F** to ensure the destruction of *Salmonella* bacteria
- Pork - **150°F**

- All foods served must be prepared at the temporary food service operation or in a facility under permit. **HOME PREPARED FOODS ARE STRICTLY PROHIBITED.**
- **NO** bare hand contact with ready to eat food items. Workers must wear gloves and or use proper utensils.
- Smoking is prohibited in food areas.
- On-site food preparation should be limited to seasoning and cooking.
- All food must be kept covered while in holding or on display.
- All wastewater to be contained and disposed in a sanitary manner and not onto the surface of the ground.
- Food stand must be located near adequate toilet facilities; toilet facilities must provide running potable water, soap and disposable towels.
- Accurate 0-220°F metal stem probe thermometer **must be provided and used** to check cooking and hot/cold holding temperatures.
- Ice being used to chill foods cannot be used in beverages.
- Hand-washing facilities must be provided/available at each food service tent or booth and include clean water, soap and disposable towels.



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TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Permit Fee: \$85.00

Check (certified or business) or money order or credit card (form enclosed)

Please make checks or money orders payable to:
Westchester County Health Department

Completed application must be received no less than 5 days prior to the event or an additional \$70.00 late fee will be assessed.

Contact Information

Name of Applicant/Business/Corporation: _____

Main Contact: _____ Email: _____

Mailing Address: _____ City: _____

_____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

Alternative Contact: _____ Primary/Cell Phone: _____

Temporary Event Information

Name of Event: _____

Event Start Date: _____ Start Time: _____ Setup Time: _____

Event End Date: _____ End Time: _____

Event Location/Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Event Coordinator: _____ Primary/Cell Phone: _____

Email: _____

Commissary Agreement (If applicable)

Organizations or individuals requiring the use of an **off-site kitchen facility** must be reviewed and approved by the Department of Health.

I, _____ allow _____ to use _____

Restaurant owner

Applicant/Business

Name of permitted FSE

FSE Address: _____ City: _____ State: _____ Zip: _____

Permit #: _____ Date kitchen will be used: _____ Time of use: _____

Intended Use: Food Preparation Cooking Cooling Food Hot Holding

Cold Holding Dry Storage Sanitizing Approved Water Source

Waste Water Disposal Other: _____

By signing, the restaurant owner/permitted facility verifies that all food handling practices were/will be conducted in accordance with the NYS Subpart 14-1 Sanitary Code and Westchester County Sanitary Code Article V.

x _____

Facility and Operations Information

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

Other: _____

If TFSE is multiple days where and how will leftover foods be stored?

Protection from Environmental Factors- describe how booth will be set up (overhead protection, floors, walls, lighting, how food will be protected from insects, dust, etc. during storage, display and service)

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

Equipment washing - describe where and how utensils will be washed onsite (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: _____

Restroom Facilities- how many and what type of restrooms will be provided (portable toilets with hand wash stations, distance from event, etc.)?

Water Supply: Public water Bottled water Other: _____

Continuous Electric power - describe how electricity will be provided (will it be provided overnight if event is more than one day)?

Waste water disposal: how and where will waste water be disposed? (Dumping waste water in storm drains and or storm sewers is **not permitted**)

Garbage Disposal: Provided by Event Coordinator Dumpster located on-site

Will collect and haul away Other _____

In addition to completing the "Handling Process For Food and Beverage Items" form:

Shellfish (clams, oysters, mussels) being served: _____

Name of shipper, tag number: _____

Place of purchase: _____

Source of Ice: Bagged Brand: _____

Commercial ice machine Location of machine: _____

Other: _____

I agree to comply with applicable requirements of the Westchester County and New York State Sanitary Codes, not prepare any foods in a noncommercial facility or private home and I certify that I have read and agree to follow all requirements as stated in Health Requirements for Food Service Operations form WCTFSE-2014.

All persons handling food are to be free from infectious disease which can be transmitted by foods and are not to have infected cuts, sores, boils, or respiratory disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints to minimize hair contact with hands, food and food contact surfaces. All personnel handling food are to wash their hands with soap and water after using the toilet, smoking, eating or when soiled. Approved type food handlers gloves are to be worn when handling ready to eat foods. The Department of Health reserves the right to limit the type of foods to be served.

Authorized Signature: _____

Name: _____

Title: _____ Date: _____

Section 5 of the New York State Tax Law requires that you provide your Social Security number and/or Federal Employer Identification number for tax administration purposes:

S.S # _____ F.E.I # _____

() Number applied for, but not yet received

() Other, please explain _____

FOR OFFICE USE ONLY

Application: Approved _____ Denied _____ Date: _____

Signature: _____

**CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION**

The undersigned, _____ of__

Name of Corporation _____, a corporation

Duly organized and validly existing under the laws of (State) _____

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the _____ day of _____ 20 _____

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation) _____

With Offices at: _____

Hereby authorized (Name if person authorized): _____

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for : _____

To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate on this _____ day of _____, 20 _____.

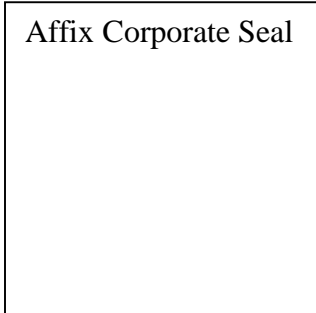
OFFICER'S SIGNATURE: _____

TITLE: _____

ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____): ss:



One this _____ day of _____, 20 _____, before me personally came _____ of _____ the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____ of said corporation and that (s)he signed his/her name thereto.

Notary Public

County



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Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Health to make a one-time charge to your credit card listed below.

By signing this form, you give this department permission to debit your account for the amount indicated, on or after the date this form is submitted to The Westchester County Department of Health.

Please Complete the Information Below

By signing below, I, _____, authorize the Westchester County Department of Health to charge my credit card account indicated below for the amount of _____, for the fees associated with the permit to operate a regulated facility.

Facility Name	Permit # or Plan Submittal	Permit or Plan Fee

<p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>Print Cardholder Name (as it appears on card): _____</p> <p>Account Number: _____ Security Code: _____</p> <p>Expiration Date: _____ Account Billing Zip Code: _____</p>
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CARDHOLDER SIGNATURE: _____ DATE: _____

Cardholder acknowledges receipt of goods and/or services in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer. I understand this is a non-refundable fee and if my application is found deficient or questionable in any way, it will cause a delay in the permit approval process.