



CHAUTAUQUA COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH – ENVIRONMENTAL HEALTH UNIT

GEORGE M. BORRELLO  
County Executive

CHRISTINE SCHUYLER  
Director of Health & Human Services  
(Commissioner of Social Services/Public Health Director)

TO: Temporary Food Service Operators  
FROM: Chautauqua County Department of Health  
SUBJECT: Temporary Food Permit Application

Dear Operator:

Enclosed is a permit application, and instructions. Every Temporary Food Service Establishment (TFSE) meeting the following definition requires a permit from the Department of Health.

***“Temporary food service establishment” means a place where food is prepared or handled and served to the public, with or without charge, and which operates at a fixed location in conjunction with a single event or celebration of not more than 14 consecutive days duration.” IF YOU ARE A RESTAURANT OWNER/OPERATOR, AND DO NOT HAVE A HIGH RISK OFF-SITE CATERING PERMIT, YOU MUST OBTAIN A TFSE PERMIT IF YOU WILL BE OPERATING OFF YOUR PROPERTY.***

A TFSE permit is **\$50 for advance registration and \$100 for applications received less than 7 days prior to event**. The fee is non-refundable. Please complete the application well in advance of your service date(s), and return to the address below, along with your check or money order made payable to the Chautauqua County Director of Finance. If you wish to pay by credit/debit card, the attached slip must be filled out completely, and you must include a 2.5% transaction fee to the total transaction. Be sure to specify all foods you propose to serve noting that TFSE menus are limited to simple **“cook and serve items only”**. A separate permit is needed for each event and must be prominently displayed at your stand location.

Along with your application, if you have employees you are required to submit proof of workers' compensation and disability insurance. **You must submit the forms listed on your application. These are the only forms the state will allow us to accept. PLEASE NOTE: WE NEED A C-105.2 AND A DB-120.1.** To obtain these forms, contact your insurance carrier.

If you do not have employees you must obtain a Certificate of Attestation of Exemption Form CE-200 from the NYS Workers' Compensation Board stating that you do not have any employees and, therefore, do not need insurance. **Following are directions to obtain your on-line certificate at the following website [www.wcb.ny.gov](http://www.wcb.ny.gov)**

- Click on the WC/DB Exemptions (Form CE-200) box
- Click on the Request for WC/DB Exemption (Form CE-200)
- Click on Select to access web-based Exemption Application
- Follow site directions to print a copy of your certificate to provide to us. Be sure to sign and date form.

**Per NYS – if we do not receive the appropriate forms listed on your application, we are unable to issue you a permit for your facility.**

We wish you a safe and successful season. If you have questions about the TFSE program or plan to serve food frequently throughout the year, please contact us at (716) 753-4693.

Sincerely,

Chautauqua County Department of Health and Human Services  
Environmental Health Unit

## GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

## SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

### Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

**Facility Status:** Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

**Facility Type:** From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

### Facility Types:

#### Agricultural Fairgrounds

#### Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

#### Campground/Recreational Vehicle Park

#### Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

#### Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

#### Mass Gathering

#### Migrant Farm Worker Housing

- Farm Labor Housing

#### Mobile Home Parks

#### Mobile Food

#### Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

#### Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

#### Tanning Facility

#### Temporary Food

#### Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

#### Vending Food Machines

#### State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

**Water Supply/Sewage System:** Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

**Operations under this registration:** Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

**Expected Opening/Closing Date:** Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

**Days of Operation:** Check each box for the day(s) the facility will be open under routine operation.

**Hours of Operation:** Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

#### SECTION B: Operator/Owner Information

**Name of Legal Operator or Operating Corporation (Person in Charge):** Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

**Permanent Address of Operator and Telephone Number:** Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

**Employer Identification/Social Security Number:** Enter the **Employer Identification or Social Security Number** of the operator of the facility.

**Email Address and Fax No.:** Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**Name of Owner:** Enter the name of the owner of the facility if different from the operator.

**Permanent Address of Owner and Telephone Number:** Enter the mailing address and telephone number of the owner if different from the operator.

#### SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

#### SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

#### SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

#### SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

#### SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

#### SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

## PERMIT FEE SCHEDULE

See example below

<u>Facility Type</u>	<u>1 Year Permit</u>	<u>2 Year Permit</u>
Temporary Residence	\$150.00	
Temporary Residence w/Food Service	\$250.00	
Campground	\$150.00	
Campground w/Food Service	\$250.00	
Mobile Home Park	\$150.00	
Food Service Establishment:		
Catering		\$450.00
High Risk		\$350.00
Medium Risk		\$250.00
Low Risk		\$150.00
Mobile Food Service Establishment:		
High Risk	\$150.00	
Medium Risk	\$120.00	
Low Risk	\$100.00	
Bathing Beach	\$100.00	
Swimming Pool	\$100.00	
Spa	\$50.00	
Migrant Labor Camps	\$100.00	

***PLEASE NOTE: Fees for additional operations on permits listed above are \$100 each, w/the exception of a Spa - which is an additional \$50.***

Tanning Facilities		\$30.00 permit fee + \$50.00 for first bed, and \$25.00 for each additional bed.
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Temporary Food Service Establishments - Per Event - \$50 if application received at least seven days prior to event, \$100 if application received less than seven days prior to event, or at event.

Vending Machines		\$30 per machine
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### Example:

**Temporary Residence w/Food Service, Swimming Pool, and Spa:**

**\$250 for TR w/FSE + \$100 for Swimming Pool, + \$50 for Spa = \$400.00 Total  
(1 Year Permit)**

***Food Service Establishment Re-Inspections \$60.00 per occurrence***  
***Chronic 14-1 Violators Food Handler Safety Course \$350.00***

**CREDIT/DEBIT CARD TRANSACTION SLIP**  
**PLEASE PRINT CLEARLY**

TRANSACTION DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
BUSINESS CITY & STATE: \_\_\_\_\_  
CLIENT NAME : \_\_\_\_\_  
CLIENT ADDRESS: \_\_\_\_\_  
CLIENT PHONE #: \_\_\_\_\_  
MC/VISA/DISCOVER: \_\_\_\_\_  
CARDHOLDER #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
SECURITY CODE: \_\_\_\_\_  
CARDHOLDER NAME: \_\_\_\_\_  
CARDHOLDER SIGNATURE: \_\_\_\_\_  
TOTAL AMOUNT OF SALE—FEE & 2.5% TRANSACTION FEE: \_\_\_\_\_

Chautauqua County Department of Health,  
Division of Environmental Health Services

**TEMPORARY FOOD SAFETY REQUIREMENTS**

**Part 14-2 of the NYS Sanitary Code**

- ❖ PREPARE ALL FOOD IN AN APPROVED KITCHEN OR ON SITE.
  - ❖ KEEP COLD FOODS BELOW 45° F AND HOT FOODS ABOVE 140° F. USE REFRIGERATION AND APPROVED HOT HOLDING EQUIPMENT. FOODS PREPARED OFF-SITE MUST BE TRANSPORTED HOT (ABOVE 140° F) OR COLD (BELOW 45° F).
  - ❖ USE GLOVES OR OTHER UTENSILS TO HANDLE FOOD, BARE HAND CONTACT WITH READY TO EAT FOODS IS PROHIBITED.
  - ❖ FAST READING PROBE THERMOMETER IS REQUIRED WITH A RANGE FROM 0 TO 220° F. TO EVALUATE FOOD TEMPERATURES DURING COOKING AND HOT HOLDING.
- MINIMUM COOKING TEMPERATURES AS FOLLOWS:
- CHICKEN (165° F), PORK (150° F), GROUND PORK OR BEEF (160° F), HOT DOGS (140° F), BEEF STEAKS (130° F).
- ❖ POTABLE WATER FROM AN APPROVED PUBLIC WATER SUPPLY.
  - ❖ THREE TUBS REQUIRED FOR HAND DISHWASHING (WASH, RINSE, SANITIZE). SUBMERGE UTENSILS IN A WARM BLEACH SOLUTION (50PPM) FOR 1 MINUTE.
  - ❖ SEPARATE CONTAINER NEEDED FOR SANITIZING SOLUTION USED FOR WIPING CLOTHES. BLEACH IS ACCEPTABLE IN A WARM WATER SOLUTION (100 PPM).
  - ❖ SOAP & WATER FOR HAND WASHING; PAPER TOWELS FOR HAND DRYING.
  - ❖ HAIR RESTRAINTS FOR WORKERS PREPARING AND HANDLING FOOD.
  - ❖ COVERED WASTEBASKETS FOR GARBAGE.
  - ❖ LIGHTS SHIELDED WHERE NEEDED.
  - ❖ FLOORING NEEDED OVER GRASS, DIRT, ETC.
  - ❖ NO EATING, DRINKING OR SMOKING IN FOOD STANDS.
  - ❖ FOOD PRICES NEED TO BE POSTED.
  - ❖ IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE CONTACT ENVIRONMENTAL HEALTH AT THE CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH. (716) 753-4481 OR 661-7481.