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George Latimer
 County Executive

Sherlita Amler, M.D.
 Commissioner of Health

TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Permit Fee: \$85

Submit a check or money order payable to Westchester County Dept of Health

Application Review Conference Missed Appointment fee = \$70.00

Application must be received no less than 5 business days prior to the event in order to comply with WCSC Article III, Section 873.301 (5) (b). Failure to comply will result in assessment of this fee

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 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 TFSE- 1-97.

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: _____

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TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Provisions of the Westchester County Sanitary Code require that before issuance of a permit to operate a Temporary Food Service Establishment, the following documents must be filed with this department:

1. Application for Temporary Food Service Establishment Permit
2. Handling process for food and beverage items
3. A Certificate of Resolution for Authorization **if** the owner is incorporated (Corporate Seal must be affixed to document)
4. Workmen's Compensation/Disability Insurance Certification
5. **PLEASE NOTE: If you are a mobile food vehicle that contains cooking equipment that produces smoke or grease-laden vapors for the purpose of preparing and serving food to the public you MUST provide proof of a satisfactory inspection conducted by the local municipality for compliance with Building/Fire Codes.**

Workers' Compensation 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 is **PROVIDED**

Workers Compensation

- Form C-105.2 – Certificate of Workers' Compensation Insurance **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance **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

- DB-120.1 Certificate of Disability Benefit **OR**
- DB-155 Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability Insurance is **NOT PROVIDED**

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
- Can be filled out electronically: www.wcb.ny.gov

This application must be completed, legible, signed where ever indicated, accompanied by the appropriate fee (business check, certified check or money order **only**) and submitted to the Department of Health at least 5 days prior to the event to avoid the \$70.00 penalty described on page 1.

Return the completed application and ALL supporting documents to:

Westchester County Department of Health
Bureau of Public Health Protection
Mount Kisco Central Office
25 Moore Avenue - Mount Kisco, NY 10549
Phone: 914-864-7330
<http://health.westchestergov.com/>



