



**Public Health**  
Prevent. Promote. Protect.

Cortland County Health Department

# CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING  
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<http://www.cortland-co.org/432/Health-Department>

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

Applications **MUST** be submitted at least 10 days before the first day of operation. Any application submitted less than 10 days in advance of an event will be subject to an expediting fee. Please see our Fee Schedule below for all related fees.

<https://www.cortland-co.org/522/Fee-Schedule>

<b>Permit Request for:</b>	<b>1 Day Event</b>	<b>Single Event</b>	2 consecutive days up to 14 consecutive days	<b>Multiple Events</b>	up to 8 days in 120 days up to 12 days in 120 days
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Name of Event at which serving/selling food \_\_\_\_\_

Name of Establishment or Food Stand \_\_\_\_\_

Food Service location/address of the event \_\_\_\_\_

Name of Operator, Owner, Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing address of Permit \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Serving hours \_\_\_\_\_ to \_\_\_\_\_

Cold holding available on site? Yes  No  What type? \_\_\_\_\_

Running water provided inside establishment? Yes  No

Toilet facilities provided inside establishment? Yes  No

If no, distance to nearest toilet facilities \_\_\_\_\_ ft. (approximately)

Number of food workers \_\_\_\_\_

Plastic gloves available? Yes  No

Hand washing facilities provided at actual food preparation site? Yes No

Stem thermometer available for evaluating food temperature? Yes No

**Will ALL foods be prepared and handled on site?** Yes No

If no, please note below where off site handling will occur. A facility commissary agreement MUST be completed before approval.

Commissary Agreement can be found here: <http://www.cortland-co.org/DocumentCenter/View/11249/Food-Service-Commissary-Agreement-Writable-PDF>

Sub-part 14-2.3(c) of the New York State Sanitary Code, specifies that potentially hazardous foods may not be served at a temporary food service establishment, unless certain special requirements are met. **Below or on back please list all foods that will be served, suppliers of ingredients and how foods will be prepared and served, (attach copy of menu if available).**

**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-263 – 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 Benefits OR
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

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

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

For those who require exemption, please access the on-line application that can be found on the Board's website, [www.businessexpress.ny.gov](http://www.businessexpress.ny.gov). Click on Log-In/Register button, if you do not have an account create one. Proceed until the (Form CE-200) is complete. You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

**THE CERTIFICATES MUST ACCOMPANY EACH APPLICATION**

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14 OF THE NEW YORK STATE SANITARY CODE. IF THIS APPLICATION IS APPROVED THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE A COPY OF WHICH THE APPLICANT HAS RECEIVED AND ACKNOWLEDGES THAT HE IS ACQUAINTED WITH ITS CONTENTS.

Please see the Fee Schedule for all applicable fees.

<https://www.cortland-co.org/522/Fee-Schedule>

Check payable to: Cortland County Treasurer

Are you a non-profit organization? No  Yes  (If yes, please provide proof. Please see separate list of acceptable documentation.)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Permit issuance:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Conditions of Approval:	_____
Permit issuance approved by:	_____ Date _____

