



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

Cortland County Health Department

# CORTLAND COUNTY HEALTH DEPARTMENT

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## Temporary Food Application Process

- All** temporary food vendors must apply for a permit to serve at least 10 days before the event. Vendors must submit:
- 1: A completed Temporary Food application form, including a detailed menu. Leave no blank spaces.
  - 2: Proof of Workers’ Compensation and Disability Insurance: If you have employees go to “1A”. If you have volunteers go to “1B.”
  - 3: Permit fee is \$60 for a one day event. If applying for reduced fee of \$30 one day event for non-profit go to “2” for documentation that you must provide. For all other Temporary food service permit options and fees please see our fee schedule at <https://www.cortland-co.org/DocumentCenter/View/11019/FEE-SCHEDULE-EFFECTIVE-2022->.
  - 4: Applications submitted less than 10 days from event will be charged an expediting fee of \$20/for profit and \$10/non-profit.

### 1. **Workers’ Compensation and Disability Insurance**

Submit copies of the following documentation with the application to document compliance with the Worker’s 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 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.

The online application can be found on the Board’s website,  
[http://www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp).  
Be sure to print and sign the certificate of attestation of exemption after completing the on-line application.

2. **Non-profit Documentation:**

IRS Documents

Copy of filed 990 OR 990 EZ

Indication under section J box should be checked for 501(c)(3)

Letter of determination

Statement indicating the organization is exempt for federal income tax under section 501(c)(3)

NYS Division of Corporations

Certificate of Good Standing or Certificate Under Seal

This is the Certificate of Incorporation DOS 1511 that has the seal of NYS and reviewer signature.

Certified Copy can be requested at [www.dos.ny.gov/corps/faq\\_copies.page.asp](http://www.dos.ny.gov/corps/faq_copies.page.asp)

This is a copy of the Certificate DOS1511

