



CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health Services

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GREGORY J. EDWARDS
County Executive

CHRISTINE SCHUYLER
Public Health Director

MARK STOW
Director of Environmental Health

2012

TO: Temporary Food Service Operators
FROM: Chautauqua County Department of Health
SUBJECT: 2012 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.”

The fee structure for a 2012 permit remains the same as last year, **\$40 for advance registration and \$80 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 it to the following address, 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.

Chautauqua County Health Department
Environmental Health Services
7 North Erie Street
Mayville, NY 14757

Along with your application, if you have employees you are required to submit proof of workers' compensation and disability insurance. **You must submit the correct forms listed in Section G of your application. These are the only forms the state will allow us to accept. PLEASE NOTE: WE CANNOT ACCEPT A C-105 AND DB-102. 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 New York State Workers' Compensation Board stating that you do not have any employees and, therefore, do not need insurance. **A new procedure has been implemented by the New York State Workers' Compensation Board. Following are directions to obtain your on-line certificate at the following website www.wcb.ny.gov**

- Click on the WC/DB Exemptions box (lower right corner of screen)
- Click on the Request for WC/DB Exemption (Form CE-200) option
- Click on Access web-based application (bottom of screen)
- Follow site directions to print a copy of your certificate to provide to us

Per New York State – if we do not receive the appropriate forms listed in Section G of your application, we are unable to issue you a permit for your facility.

We wish you a safe and successful 2012 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
Division of Environmental Health Services

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: _____

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.



DIVISION OF ENVIRONMENTAL HEALTH SERVICES

TEMPORARY FOOD SAFETY REQUIREMENTS

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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.**

SECTION D: Complete for mobile food service establishments or pushcarts only.

Type of vehicle Motorized Pushcart Other (specify) _____

Motor vehicle license number (motorized vehicles only) _____

Commissary name _____ Telephone No. (____) _____

Address _____ City _____ State _____ Zip _____

List on a separate sheet of paper the type of food and beverages served.

SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.

SECTION F: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)

Check the appropriate lines and 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 **Provided**

Workers Compensation

Form C-105.2 – Certificate of Worker's 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 Insurance

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

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

B. Workers Compensation and Disability Insurance Coverage **NOT Provided**

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

SECTION H: Signature (Entire section must be completed by all applicants.)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

SECTION I: FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective Date [][][] Permit Expiration Date [][][]

Conditions of approval

Signature _____ Title _____ Date _____