



Putnam County Department of Health

Application for Permit (s) to Operate Temporary Food Service



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### **Section A: Owner / Operator Information**

Permit Application Information

Operation Name: \_\_\_\_\_

Operation Corporation (if applicable): \_\_\_\_\_

Person in Charge: \_\_\_\_\_

First

M.I.

Last

Legal Address: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Cell Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Name (s) to print on permit: \_\_\_\_\_

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Section B: Please list all events for which permits are needed. Attach sheet if needed.

<u>Event Name</u>	<u>Event Location Address</u>	<u>Dates</u>	<u>Hours of Operation</u>
2017			

Rain Date: _____

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### **Section C: Foods (Please attach additional foods served info for each event listed, if different)**

| Name of Food | Supplier of Ingredients | Where and how food will be prepared and served, how kept hot/cold |
|--------------|-------------------------|-------------------------------------------------------------------|
|              |                         |                                                                   |
|              |                         |                                                                   |
|              |                         |                                                                   |
|              |                         |                                                                   |
|              |                         |                                                                   |
|              |                         |                                                                   |
|              |                         |                                                                   |

Will all food preparation be at the concession?    Yes     No

If not, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Section D: Workers' Compensation & Disability Insurance**

Submit copies of the following documentation with the application to document compliance with the Workers' Compensation Law:

**A. Workers' Compensation & 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 & Disability Insurance Coverage is NOT PROVIDED**

Form CE-200 – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits coverage

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**Please return completed application to:**

**Putnam County Department of Health**  
**1 Geneva Road**  
**Brewster, NY 10509**  
**(845) 808-1390   Fax # (845) 278-7921**

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**Section E: Signature of Individual Operator or Authorized Office**

(Entire section must be completed by all applicants)

Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code. False statements made on this application are punishable under the penal law.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Conditions / Stipulations:

- \* Food service limited to items listed on permit application and Pre-packaged foods
- \* Water from a Health Department approved source or purchase bottled water and/or packaged ice.
- \* Handwashing facilities w/ soap, water and paper towels to be present and in use during operation.
- \* Thermometers to measure hot (i.e., "stem-type") & cold temperatures of foods to be present and in use.
- \* Sanitizing solution of bleach & water to be present and in use during operation.
- \* Gloves & utensils to create a barrier between hand contact and foods served to be present and in use.
- \* Permit to be posted in public view.

Permit Issuance Recommended?    Yes    No           Permit Effective Date: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_