

**STEPS NECESSARY FOR APPROVAL TO OPERATE**  
**A TEMPORARY FOOD SERVICE ESTABLISHMENT**

**Submit completed application to this office at least 10 days prior to operation.** A late fee of \$30 will be added to your permit fee for applications submitted within 10 days. The application will NOT be considered until we have received the following:

- ☐ **Completed Application Form.** Please fill out both pages.
- ☐ **Certificates of Insurance** for both **Workers' Compensation** and **Disability Insurance**,  
or **CE-200 Certificate of Attestation of Exemption**
- ☐ **Fee payment of \$130** (*unless your organization is a tax exempt entity – see below*)

**IMPORTANT NOTES**

- An issued Temporary Food Service Establishment permit is valid for a **maximum of 14 days**. These days do not need to be consecutive. Please list all days that you will be operating.
- Your permit is only valid for **one location**. If you plan on operating at another event in a different location, you will need a new permit for that event.
- Some tax-exempt organizations may be entitled to a fee waiver. To obtain this waiver, please provide a copy of your organization's Federal IRS **501(c)(3)** or **501(c)(10)** or **501(c)(8)** letter with this application.

**GUIDELINES FOR TEMPORARY FOOD SERVICE**  
**FAIRS, CARNIVALS, FESTIVALS AND EXHIBITIONS**

**FOOD PROTECTION:**

1. Food, water and ice must be from an approved source. Well water from a private residence is not an approved source for drinking or making ice intended for human consumption. No home prepared potentially hazardous foods will be permitted. When fresh clams are purchased, shipping tags must be kept on the bag during use and retained for ninety days thereafter.
2. Menus should be limited to the available facilities and planned to avoid leftovers or waste. Hazardous items such as creamed sauces, custards and filled pastries should be avoided.
3. Perishable foods shall be stored below 45°F or kept above 140°F. The time between preparation and serving shall be as short as possible. Thermometers must be provided to assure proper temperatures.
4. Foods are to be protected from dust, flies and handling by customers.
5. Foods, preparation and service utensils, and single service articles are to be stored off the floor and protected from contamination.

**PERSONNEL:**

1. All food service workers are to be free from illness, boils, sores and cuts.
2. No employees shall resume work after visiting the toilet room without first washing their hands.
3. Disposable plastic gloves or suitable utensils are to be used when handling foods not requiring further cooking (rolls, salads, etc.), and when scooping ice, popcorn, etc.
4. They must be properly dressed, wear clean uniforms or aprons, and both males and females must have hair restrained.
5. They shall not smoke or eat while working in the preparation or serving area.

**FACILITIES:**

1. Facilities for hand washing must be available (clean water, soap and paper towels).
2. Stand is to be located convenient to adequate toilet facilities.
3. Adequate facilities for washing and sanitizing equipment, eating and cooking utensils shall be provided.
4. Adequate refrigeration must be provided.

OVER

5. Single service eating and drinking utensils are to be provided when dishwashing facilities are not available.
6. Facilities for proper refuse storage and disposal are to be provided.

GENERAL APPEARANCE CHECK LIST:

1. Give special attention to the frequent cleaning of all food contact surfaces, shelving, refrigerators, food display units, grills, steam tables, salad units, etc.
2. Counter surfaces, exterior panels and framing must be freshly painted or clean.
3. Shelving must be clean and freshly painted or covered.
4. Premises are to be kept free from flies and vermin.
5. Garbage shall be stored in clean cans with tight fitting covers and not allowed to accumulate.
6. Cleaning compounds must be properly labeled and stored away from foods.
7. Surface drainage must be provided to prevent accumulation of puddles and wet spots.



# Onondaga County Health Department

J. Ryan McMahon II, County Executive  
Indu Gupta, MD, MPH, Commissioner of Health

John H. Mulroy Civic Center • 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health  
Lisa A. Letteney, P.E., Director

Food Protection Section  
Phone (315) 435-6607 • Fax (315) 435-6606  
Email: foodprotection@ongov.net

## NOTICE TO PERMIT APPLICANTS

New York State Workers' Compensation regulations require that a permit applicant present documentation of Workers' Compensation and Disability Insurance coverage, or proof of exemption prior to any permit being issued or renewed.

**These certificates must be requested directly from your insurance carrier.**

Acceptable documentation for **Workers' Compensation** coverage is one of the following:

- **Form C-105.2** – Certificate issued by applicant's insurance carrier
- **Form U-26.3** – Certificate issued by the State Insurance Fund
- **Form SI-12** – Certificate of Self-Insurance
- **Form GSI-105.2** – Certificate of participation in Group Self-Insurance

Acceptable documentation for **Disability Insurance** coverage is one of the following:

- **Form DB-120.1** – Certificate issued by applicant's insurance carrier
- **Form DB-155** – Certificate of Self-Insurance

If you are exempt from one or both of the above, we will require:

**Proof of Exemption for Workers' Compensation and/or Disability Insurance:**

- **Form CE-200** – Certificate of Attestation of Exemption

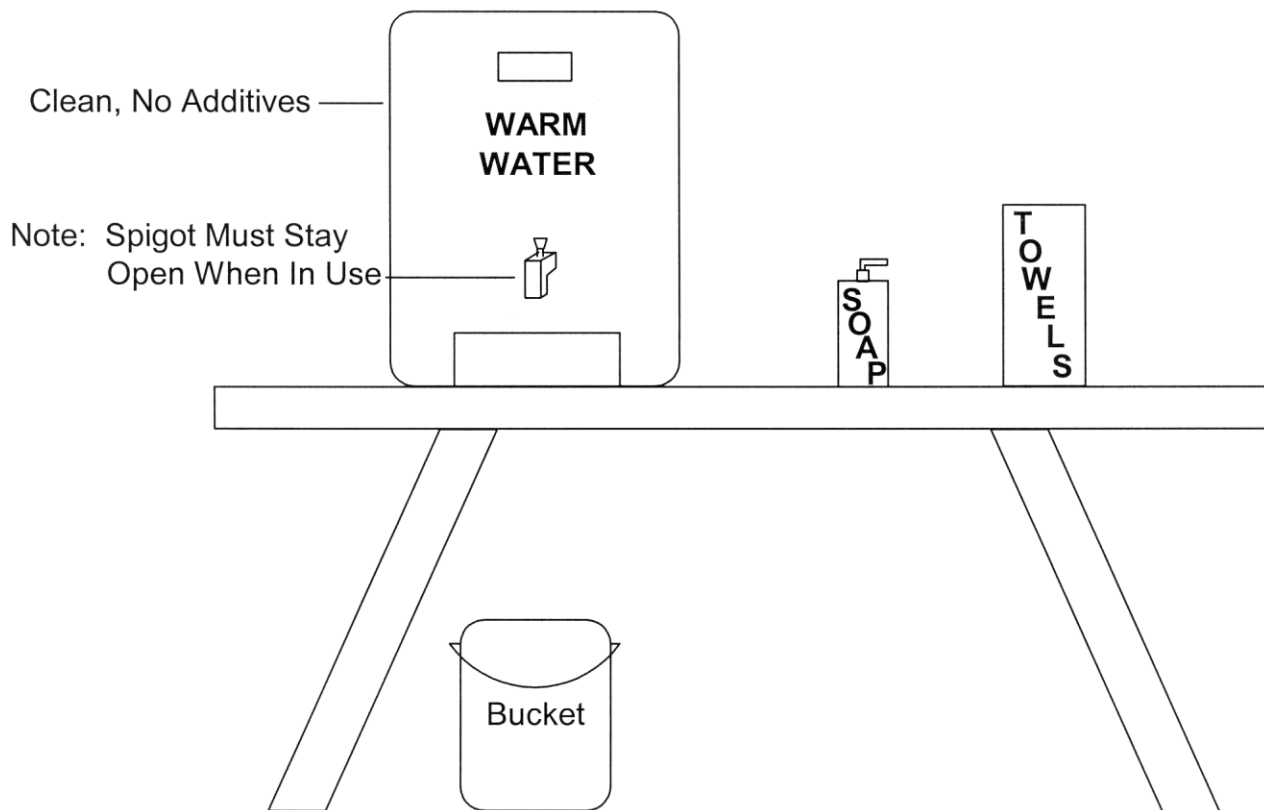
The CE-200 can be obtained online at <https://businessexpress.ny.gov/>. The certificate will be issued the same day you applied. Please print it out, sign and date the bottom, and provide a copy to this office.

**NOTE:** We **cannot** accept an ACCORD 25 Certificate of Liability Insurance form as proof of workers compensation.

# Recommended Hand Washing Facilities

## For A

# Temporary Food Service Establishment



# **FOOD SAFETY NOTICE**

## **BY ORDER OF THE COMMISSIONER OF HEALTH, ONONDAGA COUNTY HEALTH DEPARTMENT**

**ALL EMPLOYEES OF THIS FACILITY ARE REQUIRED TO PROVIDE BARRIERS TO ELIMINATE ALL DIRECT HAND CONTACT WITH FOODS INTENDED TO BE SERVED COLD OR WITHOUT FURTHER COOKING. THEREFORE, ALL EMPLOYEES ARE REQUIRED TO HANDLE THESE FOODS WITH CLEAN DISPOSABLE PLASTIC GLOVES OR OTHER SUITABLE UTENSILS.**

### **SPECIFIC EXAMPLES WHERE PLASTIC GLOVES ARE REQUIRED:**

- **WHEN PREPARING FRUITS AND RAW VEGETABLES**
- **WHEN PREPARING SALADS**
- **WHEN HANDLING BREAD OR ROLLS**
- **WHEN PREPARING SANDWICHES**
- **WHEN SCOOPING ICE**

**IN ADDITION, EITHER CLEAN PLASTIC GLOVES OR UTENSILS SUCH AS TONGS, DELI WRAP, NAPKINS, OR OTHER SUITABLE BARRIERS ARE REQUIRED TO BE USED WHEN DISPENSING ALL FOODS TO THE CONSUMER. EXAMPLES WOULD BE DELI WRAP FOR BAKED GOODS, SPATULA TO SERVE COOKED PIZZA SLICES, TONGS TO SERVE COOKED PIECES OF CHICKEN.**

**FAILURE TO COMPLY WITH THIS ORDER CAN RESULT IN AN ADMINISTRATIVE HEARING, FINES, AND TEMPORARY SUSPENSION/REVOCATION OF FOOD SERVICE ESTABLISHMENT PERMIT.**

**HAND CONTACT WITH FOOD IS ACCEPTABLE ONLY WHEN THE FOOD WILL BE COOKED PRIOR TO SERVICE.**

### **SPECIFIC EXAMPLES ARE:**

- **PREPARING RAW MEATS FOR COOKING**
- **PREPARING A PIZZA PRIOR TO COOKING**
- **PREPARING DOUGH FOR BAKED GOODS PRIOR TO COOKING**

**ALL EMPLOYEES ARE REQUIRED TO WASH THEIR HANDS PRIOR TO USING GLOVES OR UTENSILS AND ENGAGING IN ANY FOOD PREPARATION, WHENEVER THEIR HANDS BECOME SOILED AND ALWAYS AFTER USING THE RESTROOM.**

**THIS NOTICE MUST BE CONSPICUOUSLY POSTED IN A PUBLIC AREA FOR REVIEW. OBSERVED VIOLATIONS OF THESE PROVISIONS SHOULD BE REPORTED TO THE DIVISION OF ENVIRONMENTAL HEALTH, FOOD PROTECTION SECTION, AT:**

**315-435-6607**

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

DATE: \_\_\_\_\_

**To be submitted at least 10 days before the first day of operation or a late fee of \$30 will be assessed.****NOTE:** The following is required for a permit to be issued:

- ✓ **Certificates of Insurance for both Workers' Compensation and Disability Insurance or CE-200 Certificate of Attestation of Exemption**
- ✓ **Permit Fee of \$130** \*(If you are a tax-exempt organization, see below)

NAME OF EVENT			
EVENT ADDRESS	Street Address	City	ZIP

OPERATOR NAME		DBA (if applicable)	
MAILING ADDRESS	Street Address	City	ZIP
PHONE NUMBER		EMAIL	

WATER SUPPLY (circle one):	Municipal	Well	SEWAGE SYSTEM (circle one):	Municipal	Septic System
OPENING DATE / TIME			CLOSING DATE / TIME		
DATE / TIME FOOD PREPARATION WILL BEGIN AT EVENT					
ADDITIONAL DAYS OF OPERATION					

**PLEASE COMPLETE OTHER SIDE OF APPLICATION****FEE: \$130.00** Payments can be made the following ways:

- A check can be made out to "Onondaga County Health Department", and dropped off or mailed to:  
Onondaga County Health Department  
421 Montgomery Street  
12<sup>th</sup> Floor, Food Protection Section  
Syracuse, NY 13202
- Credit card payment over the phone (315-435-6607)
- Online payment at: <https://secure.go2gov.net/pay/public/onondagaeho/welcome.faces>  
(Note: In the field labeled "Facility Code" please type "Temporary")

\* Some tax-exempt organizations may be entitled to a fee waiver. To obtain this waiver, please provide a copy of your organization's Federal IRS **501(c)(3)** or **501(c)(10)** or **501(c)(8)** letter with this application.

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF SUBPART 14-2 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE II OF THE ONONDAGA COUNTY SANITARY CODE.

TITLE	SIGNATURE
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PRINT NAME \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

PERMIT NO. _____	TOWN _____	DATE ISSUED _____
INSPECTOR _____	OPERATION ID _____	ACTIVE DATE _____
APPROVED BY _____	RISK _____	EXPERATION DATE _____



**ongovhealth**  
**Onondaga County**  
**Health Department**  
ongov.net/health · facebook.com/ongovhealth

FOOD PROTECTION SECTION  
DIVISION OF ENVIRONMENTAL HEALTH  
ONONDAGA COUNTY HEALTH DEPARTMENT  
421 Montgomery Street, 12<sup>th</sup> floor  
Syracuse, NY 13202  
Telephone 315-435-6607 Fax 315-435-6606  
Email: FoodProtection@ongov.net

AMOUNT PAID \_\_\_\_\_

LOG NO. \_\_\_\_\_

CHECK NO. \_\_\_\_\_

# FOOD INFORMATION

MENU ITEMS	WHERE PURCHASED	WHERE PREPARED
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

(use additional page if necessary)

1. WILL ANY FOODS BE PREPARED IN ADVANCE? \_\_\_\_ YES \_\_\_\_ NO - IF YES, PLEASE LIST MENU ITEM, LOCATION, DATE & TIME.
2. LIST THE REFRIGERATION FACILITIES AVAILABLE FOR MAINTAINING COLD FOODS BELOW 45°F.
3. LIST THE PROVISIONS FOR COOKING AND MAINTAINING HOT FOODS ABOVE 140°F.
4. DESCRIBE THE EQUIPMENT WASHING AND SANITIZING FACILITIES.
5. DESCRIBE AND LOCATE THE HAND WASH FACILITIES.
6. DESCRIBE AND LOCATE THE TOILET FACILITIES FOR FOOD SERVICE WORKERS AND PUBLIC.
7. NAME OF INDIVIDUAL IN CHARGE OF FOOD STAND:

TELEPHONE NO.