

**TCHD USE ONLY**  
 Permit#: \_\_\_\_\_  
 Risk: \_\_\_\_\_  
 Operation ID: \_\_\_\_\_  
 Permit to be: Mailed \_\_\_\_\_ Faxed \_\_\_\_\_  
 Picked up \_\_\_\_\_ Hand delivered \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 Permit Processed: \_\_\_\_\_



Effective 1/1/2012 a **\$15 expediting fee** will be charged for any application submitted less than 2 wks in advance of an event.

**APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

Also available at: [www.tompkins-co.org/health/eh/food/tempinfo.htm](http://www.tompkins-co.org/health/eh/food/tempinfo.htm)

**Office Use Only:** Fee Due/NFP:\$ \_\_\_\_\_ Payment Ck#/Mo#/Cash: \_\_\_\_\_ Receipt#: \_\_\_\_\_ BB (Initial): \_\_\_\_\_

1. Group/Organization/Business \_\_\_\_\_
2. Event \_\_\_\_\_
3. Event Address \_\_\_\_\_ T/C/V \_\_\_\_\_
4. Owner/Operator Name \_\_\_\_\_
5. Mailing Address, City, State, & Zip \_\_\_\_\_
6. Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax # \_\_\_\_\_
7. Date(s) & Times (s) of Operation \_\_\_\_\_
- 8.

Menu Items (List all foods to be prepared/served)	Source of Food (Supplier, store)	Where Prepared (At what facility and/or onsite)

*(Attach additional sheets or preprinted menu)*

9. Describe thermometer available during the event:
10. Describe all refrigeration and cold holding equipment:
11. Describe all cooking, heating, and hot holding equipment:

12. Describe food storage (nonperishable and canned goods):

13. Describe hand washing facilities and restroom facilities:

14. Describe dish, utensil, and equipment washing facilities:

15. Source and storage of water:

Municipal \_\_\_\_\_ or  
Private source \_\_\_\_\_ Date of recent sample \_\_\_\_\_ or  
Transporting water \_\_\_\_\_ Source \_\_\_\_\_ Transport technique \_\_\_\_\_

16. Sewage treatment and disposal:

Municipal \_\_\_\_\_ or  
Onsite system \_\_\_\_\_ Describe system & disposal \_\_\_\_\_ or  
Holding tank \_\_\_\_\_ Describe holding tank & disposal \_\_\_\_\_

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

**Workers' Compensation Insurance**

- Form **C-105.2** Certificate of Workers' Compensation Ins **OR**
- Form **U-26.3** Certificate of Workers' Compensation Ins **OR**
- Form **SI-12** Certificate of Workers' Compensation Self-Ins **OR**
- Form **GSI-105.2** Certificate of Participation in Workers' Compensation Group Self Ins

**Disability Insurance**

- Form **DB-120.1** Certificate of Disability Benefits **OR**
- Form **DB-155** Certificate of Disability Benefits Self Ins

**OR:**

- Form **CE-200** Certificate of Attestation of Exemption from NYS Workers' Compensation/Disability Benefits

**The application must be completed and include proper documentation of WC/DB. Submit application at least 2 weeks prior to your event. Operation without a valid permit is a violation of the State and Local Sanitary Codes. False Statements made on this application are punishable under the penal law.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>TCHD USE ONLY</b>	
Permit issuance recommended?    Yes    No	Expiration Date of WC/DB on file: _____
Conditions _____	
Signature _____	Title _____ Date _____