

Application for Permit(s) to Operate Temporary Food Service
Cattaraugus County Health Department

Section A: Owner/Operator Information

Permit Application Information

Operating Corporation _____

Person in Charge _____
First M.I. Last

Legal Address _____

City, State, Zip _____

Other Name(s) to print on Permit: _____

E-mail address _____

Total Fee: _____

SSN or EIN Number
SSN EIN Number _____
(Circle One)

Phone _____
Home Cell Other (Circle One)

Section B: Please list all Events for which Permits are needed.

Event/Location Address	Operation Name	Dates/Hours of Operation
_____	_____	_____
_____	_____	_____

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: _____

FOR OFFICE USE ONLY

Application for Permit(s) to Operate Temporary Food Service
Cattaraugus County Health Department

Section D: 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 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 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

Please return completed application to:

**Cattaraugus County Department of Health
Environmental Health Division
1 Leo Moss Dr.
Olean NY 14760
(716) 373 - 8050**

Section E: Signature of Individual Operator or Authorized Official (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 _____

FOR OFFICE USE ONLY

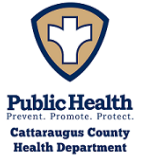
Permit issuance recommended? ☐ Yes ☐ No Number of Permits Issued _____

Conditions of approval _____

Signature _____ Title _____ Date _____



**CATTARAUGUS COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**



Questions to be answered by temporary food establishment operators prior to permit issuance. **Return with application & \$60 fee no later than 10 days prior to event (\$80 fee for permits issued day of event) to:**

Cattaraugus County Health Department, 1 Leo Moss Drive, Suite 4010, Olean, New York 14760-1154

1. What type of food will be served? _____

2. What is the anticipated number of people to be served? _____
3. What is the duration of food service (hours per day(s)) _____
4. (a) Where will the food be prepared? On-site? _____
Off-site? _____
(b) If off-site, exactly where? _____

(c) When will it be prepared? (dates/times) _____

5. Is food handling, preparation, holding and storage equipment available? _____
Describe: _____

6. Will metal stemmed thermometers be available to monitor food temperatures? _____
7. What is the source of ice used in drinks, for food storage, snow cones, etc.? _____
8. Handwashing facilities: Are soap, hot and cold running water (or tempered water) and sink available? _____

9. What is the source of water? _____
10. How will sewage and liquid waste disposal be accomplished? _____

11. (a) Are toilet facilities available? _____ (b) Where? _____
(c) Approximate distance from the food preparation and service area? _____
12. What methods will be used to control insects and vermin? _____

13. Have all those individuals who will be handling food during this event been made familiar with what is required of them by Sub-Part 14-2 (Temporary Food Service Establishments) of the New York State Sanitary Code? _____
How? _____
Have all food workers read the informational packet? _____

14. List the methods you will use to effectively prevent direct manual contact with food:

15. Dishwashing: _____ Manual (facilities must be provided to wash, rinse and sanitize)

_____ Automatic Dishwasher

_____ None - Single Service Only

_____ Other - Describe: _____

IMPORTANT - - PLEASE READ!

As the operator of a Temporary Food Service Establishment, prevention of food-borne illness is your responsibility. By law, this Department must, and will, investigate all outbreaks of food-borne illness. If your operation is documented as the source of an outbreak, legal action (which may include imposition of fines) will be taken against you and/or your organization.

Signed: _____

Title: _____

Date: _____



Workers' Comp and Disability Insurance Requirements for Obtaining a Temporary Food Establishment Permit

Before a NYS Temporary Food Establishment permit can be issued, you must prove compliance with NYS Workers' Compensation AND Disability Insurance requirements.

If you maintain Worker's Compensation and Disability Insurance coverage, the following forms must be submitted with each permit application. (If you do not maintain this coverage, you need to provide the **CE-200 Attestation of Exemption Certificate** on reverse side).

1. Workers' Compensation Submit one from this list:	2. Disability Insurance Submit one from this list:
<ul style="list-style-type: none">• Form C-105.2 (issued by your insurance carrier)• Form U-26.3 (issued by the State Insurance Fund)• Form SI-12• Form GSI-105.2	<ul style="list-style-type: none">• Form DB-120.1 (issued by your insurance carrier)• Form DB-155

Where do I get these forms?

Contact your insurance carrier for these forms.

Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application. We are unable to substitute insurance forms submitted with recent permit applications.

The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

If you are exempt from Workers' Compensation and/or Disability coverage, a CE-200 Attestation of Exemption Certificate must be submitted.

You can apply for this certificate online at www.wcb.ny.gov/content/main/Employers/Employers.jsp

Instructions:

1. Select "WC/DB Exemptions" at the bottom of the page, and then select "Request for WC/DB Exemption (Form CE-200)". To save time in the future, remember your PIN number!
2. Complete, print and sign the Exemption Certificate. Submit your original CE-200 (not a copy)* with your Temporary Food Service Establishment permit application.

You can also request an Exemption Certificate by calling the NYS Workers' Compensation Board at 866-298-7830. Please note, it can take up to 8 weeks to process this request.

*A CE-200 is required for each Temporary Food Service Establishment permit application. Copies cannot be accepted.

More about temporary food service at events:

www.health.ny.gov/TempFood

Questions about health department permit requirements:

Contact your health department

www.health.ny.gov/EnvironmentalContacts

Questions about Workers' Compensation and Disability forms:

Workers' Compensation Board Office

518-462-8880 or 877-632-4996

Certificate of Exemption



**Workers'
Compensation
Board**

Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Login/Register**.
16. On the New York Business Express Home Page:
 - Scroll down to Top Requests and select **Certificate of Attestation, or**
 - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and sign the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.



CATTARAUGUS COUNTY HEALTH DEPARTMENT



IMPORTANT POLICY CHANGE

Mandatory Food Protection Manager Training

Effective November 2017, the Cattaraugus County Board of Health passed an ordinance requiring most Temporary Food Service Establishments (TFSEs) to have at least one staff member with a management/supervisory role who has successfully completed a "Certified Food Protection Manager Course". The food protection manager training course must be taken through an ANSI-CFP accredited food safety program (ex. ServSafe Manager or equivalent) and proof of completion must be submitted to the Health Department with your permit application. Both online and in-person classes are acceptable.

This requirement applies to all Temporary Food Service Establishments classified as "High-Risk" and "Medium-Risk".

- "High-Risk" TFSEs are establishments which serve potentially hazardous/Temperature Controlled for Safety (TCS) foods requiring significant processing (multiple cooking, cooling, and reheating steps) and/or transport hot/cold ready-to-eat meals off site for service. Examples of common "high-risk" foods include many soups, roasted/smoked meats, potato/pasta salads and any food items that are prepared ahead of time and reheated prior to service.
- "Medium-Risk" TFSEs are establishments which serve potentially hazardous/TCS foods requiring limited on site processing (cook-and-serve). Examples of common "medium-risk" foods include hamburgers/sausage cooked from raw products, specialty pizzas, BBQ chicken, fish fries, deli sandwiches/subs, and any cooked vegetable-based dishes.

Temporary Food Service Establishments classified as "Low-Risk" are exempt from this requirement.

- "Low-Risk" TFSEs are establishments which serve primarily non-potentially hazardous/TCS foods (foods that do not need refrigeration), or potentially hazardous/TCS foods requiring little to no processing (pre-cooked or no-cook foods) prior to service. Examples of common "low-risk" foods include hot dogs, pre-cooked hamburgers/sausage, pizza with only cheese and pepperoni toppings, popcorn, candy and most baked goods.

You must complete the "Risk Category Worksheet" and attach a copy of your proposed menu. Please submit both with your permit application so that we can determine the appropriate risk classification for your operation.

IMPORTANT: If you will be operating a "high-risk" or "medium-risk" TFSE, you must also submit proof of completion of an acceptable "Certified Food Protection Manager" course with your application or your permit application will be denied. If you are discovered serving these foods at an event without a permit, and you do not have proof of completion on hand at the time of inspection, you will be required to cease operation. No exceptions to this rule will be granted.



Cattaraugus County Health Department

Environmental Health Division
Food Protection Program
716-701-3386

Risk Category Worksheet



Facility Name/Corporation: _____

Name: _____ Phone: _____

Address: _____

To help determine the Risk Category of your operation, please answer the following questions:

- _____ 1) Will the operation serve any raw fish (sushi, etc.) or uncooked shellfish or edible crustacea? **If yes**, enter a **3** in the space provided.
- _____ 2) Will the operation prepare any product containing TCS¹ food which will be subject to post-cook processing such as cooling or reheating? **If this applies to 3 or more items**, enter a **3** in the space provided.
- _____ 3) Will the operation primarily serve a vulnerable population such as pre-school children, the elderly or the infirmed? **If yes**, enter a **3** in the space provided.
- _____ 4) Will the operator be a caterer as defined in 10NYCRR 14-1.20(b)?² **If yes**, enter a **3** in the space provided.
- _____ 5) Will the operation process any poultry, beef, pork, lamb, other meat, fish, shellfish/edible crustacea, eggs or products containing any of these items beginning from a **raw** state? **If yes**, enter a **2** in the space provided.
- _____ 6) Will the operation cook vegetables, mushrooms, pasta, other noodles, rice from a raw state? **If yes**, enter a **2** in the space provided.
- _____ 7) Do any proposed menu items require extensive preparation/handling of TCS foods such as, marinating, cutting, slicing, dicing, mixing or blending?³ **If yes**, enter a **2** in the space provided.
- _____ 8) Will the operation serve only non-TCS food products⁴ or commercially pre-cooked TCS food products for immediate service? **If yes**, enter a **1** in the space provided.

_____ Identify the **maximum value** contained in the column on the left of the page. This value corresponds to the food service establishment's Risk Category. Where **3 = High Risk**, **2 = Medium Risk**, **1 = Low Risk**.

Maximum Value

Establishment Representative Name: _____

Establishment Representative Signature: _____ Date: _____

Inspector Signature: _____ Date: _____

1. **TCS – Time/Temperature Controlled for Safety.** TCS Foods include: poultry, beef, pork, lamb, other meat, fish, shellfish/crustacea, eggs, milk, all cooked vegetables, cooked rice & noodles, cut/prepared fresh fruits and vegetables including melons, tomatoes and salad greens; cream pastries, cream/custard pies and tarts, pudding prepared from a mix or from scratch, all gravies, all soups.
2. Excerpt from **10NYCRR14-1.20(b)** – “A caterer is a person who prepares, furnishes, or prepares and furnishes food intended for individual portion service at the premises of the consumer, whether such premises are temporary or permanent.”
3. Simple mixing of commercial pancake mix with water is not considered to be extensive preparation/handling.
4. Including products which are rendered non-TCS after cooking, e.g. pancakes.