



Robert P. Astorino, Westchester County Executive  
Board of Legislators

## **Notice to applicants for a permit to operate a Temporary Food Service Establishment**

Provisions of the Westchester County Sanitary Code require that before issuance of a permit to operate a Temporary Food Service Establishment, the following documents must be filed with this department:

1. Applications for Temporary Food Service Establishment Permit including Method of Operation Application (both attached).
2. A Certificate of Resolution for Authorization **if** the owner is incorporated (attached) Corporate Seal must be affixed to document.
3. Workmen's Compensation/Disability Insurance Certification.

**WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57**

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) Be legally exempt from obtaining workers' compensation insurance coverage; or
- B) Obtain such coverage from insurance carriers; or
- C) Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:  
A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.

OR

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; OR
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

**DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Continued.....

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.

OR

B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); OR

C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

4. Application Fee: The non-refundable application fee for the issuance of a Temporary Food Service Establishment Permit is **sixty-five dollars (\$65.00)**.

**Submit a check or money order payable to:**  
Westchester County Department of Health

**DO NOT SEND CASH**

**NOTICE**

If you operate a Temporary Food Service Establishment without a valid permit, you are in violation of Article V, Section 873.441 of the Westchester County Sanitary Code and subject to immediate closure and all penalties as prescribed by law.

**BE SURE APPLICATIONS ARE COMPLETE**

**SUBMIT ALL REQUIRED PAPERS PROMPTLY TO AVOID DELAY**

Return the completed application and ALL Supporting documents to:

Westchester County Health Department  
Bureau of Public Health Protection  
Yonkers District Office  
20 South Broadway – 4<sup>th</sup> Floor  
Yonkers, NY 10701  
914-231-2975

Westchester County Health Department  
Bureau of Public Health Protection  
New Rochelle District Office  
145 Huguenot Street  
New Rochelle, NY 10801  
914-813-5134

Westchester County Health Department  
Bureau of Public Health Protection  
Mount Kisco District Office  
118 North Bedford Road, Rm. 100  
Mt. Kisco, NY 10549  
914-864-7331

**APPLICATION FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT**

(Please print or type)

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate a Temporary Food Service Establishment that will be in operation for not more than 14 consecutive days,

To be known as: \_\_\_\_\_  
(Actual Name of Event)

at \_\_\_\_\_  
(include street address, municipality and zip code)

during the following dates and times of operation \_\_\_\_\_

\_\_\_\_\_

=====

1. Name of Applicant \_\_\_\_\_  
(If corporation, state corporation name)

Address \_\_\_\_\_  
(Include street address, municipality and zip code)

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

If partnership, corporation, or unincorporated association, list the names, titles and addresses of all partners or officers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name and address of food preparation area (if not at site): \_\_\_\_\_

\_\_\_\_\_

3. Workers' Compensation and Disability Coverage

If you provide Workers' Compensation coverage, give:

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you are required to provide Disability coverage, give:

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Or \_\_\_\_\_ A representative of Workers Compensation Board has endorsed as received Form WC/DB-100 stating that such coverage is not required.

- 4. I agree to comply with all applicable requirements of the Westchester County and New York State Sanitary Codes.
- 5. I agree not to prepare any food at home.
- 6. I certify that I have read and agree to follow all requirements as stated in Health Requirements For Food Service Operations Form TFSE 1-97.

Authorized Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

\*Note: Person signing for a corporation or unincorporated association must show authorization by submitting a Certificate of Resolution of the Board of Directors (form attached).

Section 5 of the New York State Tax Law requires that you provide your Social Security Number and/or Federal Employer Identification Number for Tax administration purposes:

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ F.E.I. # \_\_\_\_\_

( ) Number applied for, but not yet received.

( ) Other. Please explain \_\_\_\_\_

Make checks or money orders payable to: Westchester County Department of Health

FOR OFFICE USE ONLY

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Inspector Name and Number \_\_\_\_\_

Date of Inspection \_\_\_\_\_

**METHOD OF OPERATION APPLICATION**  
**TEMPORARY FOOD SERVICE ESTABLISHMENTS**

1. Type(s) of food to be prepared and served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Shellfish (clams, oysters, mussels) being served: \_\_\_\_\_

A) Name of shipper, tag number: \_\_\_\_\_

\_\_\_\_\_

B) Place of purchase: \_\_\_\_\_

\_\_\_\_\_

3. Name and address where food is pre-prepared (if applicable): \_\_\_\_\_

\_\_\_\_\_

4. Where will food be cooked: \_\_\_\_\_

\_\_\_\_\_

5. How will food be cooked: \_\_\_\_\_

\_\_\_\_\_

6. How will food be kept hot: \_\_\_\_\_

\_\_\_\_\_

7. How will food be kept cold: \_\_\_\_\_

\_\_\_\_\_

8. Utensils used for food service (gloves, tongs, etc.): \_\_\_\_\_

\_\_\_\_\_

9. Type and construction of food preparation area: \_\_\_\_\_  
(overhead protection is required)

\_\_\_\_\_  
\_\_\_\_\_

10. Are toilet and hand washing facilities provided: \_\_\_\_\_

\_\_\_\_\_

11. Source of water supply, type of containers to be used: \_\_\_\_\_

\_\_\_\_\_

12. Method of wastewater disposal: \_\_\_\_\_

\_\_\_\_\_

13. Approved source of ice, give name: \_\_\_\_\_

\_\_\_\_\_

14. Method of refuse storage and disposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Note: All persons handling food are to be free from infectious disease which can be transmitted by foods and are not to have infected cuts, sores, boils, or respiratory disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints to minimize hair contact with hands, food and food contact surfaces. All personnel handling food are to wash their hands with soap and water after using the toilet, smoking, eating or when soiled. Approved type food handlers gloves are to be worn when handling ready to eat foods. The Department of Health reserves the right to limit the type of foods to be served.

Reviewed and approved by: \_\_\_\_\_  
(Inspectors name)

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

CERTIFICATE OF RESOLUTION  
FOR AUTHORIZATION

The Undersigned, \_\_\_\_\_ of \_\_\_\_\_  
Name of Corporation \_\_\_\_\_, a corporation  
Duly organized and validly existing under the laws of (State) \_\_\_\_\_  
Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation, at a meeting duly called and held on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.  
Be it resolved that the Board of Directors, or President if there is no Board of Directors, of (Name of Corporation) \_\_\_\_\_  
With offices at: \_\_\_\_\_  
Hereby authorizes (Name if person authorized): \_\_\_\_\_  
To execute and deliver to the Westchester County Department of Health, for and on behalf of said corporation, and application for a permit to operate a (type of operation): \_\_\_\_\_

\_\_\_\_\_ to execute and deliver any and all additional documents which may be appropriate or desirable in connection therewith.

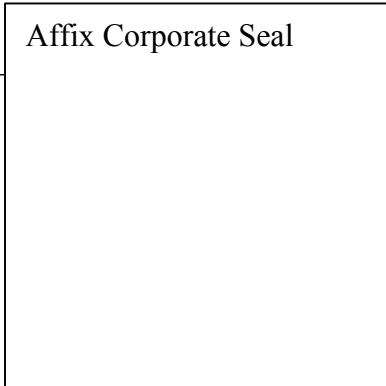
The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_

OFFICER'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_  
ACKNOWLEDGEMENT



STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ): ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally came \_\_\_\_\_  
to me known, and known to me to be the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ the corporation referred to in the within  
Certificate of Resolution, who being by duly sworn did depose and say that (s)he is \_\_\_\_\_  
of said corporation and that (s)he signed his/her name thereto.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COUNTY

WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH PROTECTION

Supplement to be Completed as Part of the Application

SOURCE OF FOOD SUPPLY

ITEM	FIRM	ADDRESS	CITY, STATE
MEAT			
FISH			
DAIRY PRODUCTS			
CANNED PRODUCTS			
BEVERAGES			
OTHER			

Food Manager's Certification Course (Please print clearly)

Have you taken the Food Manager's Certification Course \_\_\_ yes \_\_\_ no

If yes, name the person who took the course \_\_\_\_\_

Social Security number of the person who took the course \_\_\_\_\_

Institution where the course was taken \_\_\_\_\_

Date the course was taken \_\_\_\_\_



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✓ All foods served must be prepared at the temporary food service operation, or in a facility under permit. **Home prepared foods are strictly prohibited.**

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G

✓ Ready to eat foods can be handled by food worker only wearing gloves. Tongs or spatulas may be used instead of gloves.

✓ Smoking is prohibited in food areas.

✓ Facilities must be available for handwashing at each food service tent or booth - clean water, soap, paper towels.

✓ Food stand must be located near adequate toilet facilities, toilet facilities must provide running potable water, soap and disposable towels.

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✓ **Permits to operate are mandatory.**

✓ Operators of any food service without a required permit or not in compliance with your permit application will be ordered closed.

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- ✓ All operators must have adequate equipment to maintain safe food temperatures.
- ✓ Accurate metal stem probe thermometers must be provided and used by all temporary food service vendors to ensure that hot foods are maintained hot (above 140 degrees farenheight) and cold foods are kept cold (below 45 degrees farenheight).

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- ✓ Food is to be protected from dust, flies, and handling by customers.
- ✓ Ice shall be handled in a sanitary manner. Ice storage on ground is strictly prohibited. Food or beverage containers when stored in ice for refrigeration must be drained ice. No wet storage allowed.
- ✓ Each temporary food service operator is responsible for clean-up and garbage removal.