

Application for Permit(s) to Operate Temporary Food Service

Chenango County Department of Public Health

Section D – Food Safety Training

Training Requirement

All temporary food operations must have at least one operator, employee, or volunteer with food safety training. If no training has been completed contact the Chenango County Environmental Health (607-337-1673) to schedule training.

Proof of Training

Course Title _____ Provider _____ Date _____

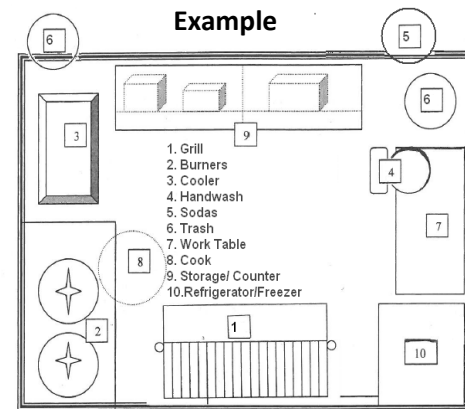
Brief Description of Topics Covered _____

Section E – Operational Design

Sketch

In the space below please provide the general layout of your proposed operation and other facility details.

Provide any/all of the following: Service Area, Hot and Cold Holding/Storage, Hand wash, Three Basin Dishwash, Cooking Units, Refuse Receptacle, Food Preparation Areas, Indicate Remote Storage/Prep Area(i.e. Truck/Church/Restaurant), Any/All Applicable Food Service Components.



Your Sketch Key

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Details (Circle applicable):

Water Source:	On-site	Other _____
Power Source:	On-site	None Other _____
Food Prep:	Onsite	Commissary _____ Other _____

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Section F –Workers’ Compensation and Disability Insurance

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

- A. Workers’ Compensation and 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 and Disability Insurance Coverage is **NOT PROVIDED**
Form CE-200 –Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage

EXACT FORMS REQUIRED
Request the exact forms by number and title from your insurance agent.

WC/DB Exemptions:
FORM CE-200 website is:
<http://www.wcb.ny.gov/>

**Please return completed application to: Chenango County Department of Public Health
Chenango County Division of Environmental Health
5 Court Street
County Office Building
Norwich NY 13815
(607)337-1673**

Section G – Signature of Individual Operator/ 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 _____