**TEMPORARY FOOD SERVICE APPLICATION**

**ENVIRONMENTAL HEALTH SERVICES**  
CHEMUNG COUNTY HEALTH DEPARTMENT  
103 Washington Street, PO Box 588  
Elmira, New York 14902  
Phone: (607) 737-2019  
Fax: (607) 737-2059  
email: ehs@chemungcountyny.gov

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It is a violation of the NYS Sanitary Code and the Chemung County Sanitary Code to operate a Temporary Food Service Establishment without a valid permit. Please type or print the required information and return the completed application at least 10 days before the first day of operation in order to assure prompt issuance of your permit. NOTE: False statements made on this application are punishable under the Penal Law.

**OPERATOR INFORMATION**

Organization/Operator: ______________________  ______________________  E-mail: ______________________

Mailing Address: ______________________  City/State/Zip: ______________________

Coordinator Name: ______________________  (Contact Person)  Phone: ______________________

**EVENT INFORMATION**

Name/Location of Event: ______________________

OPENING DATE: ___ / ___ / ___  TIME: ____ a.m. / p.m.  CLOSING DATE: ___ / ___ / ___  TIME: ____ a.m. / p.m.

Food to be served: __________________________________________________________

This Dept. reserves the right to restrict menu items.

Food purchased from: ______________________  Equipment used: ______________________

**WORKER’S COMP & DISABILITY INSURANCE**

Worker’s Comp and Disability Insurance OR form CE-200 (Exemption Form) are required. See Instructions on back for details. Permits will not be issued without this paperwork.

**SIGNATURE – ENTIRE SECTION MUST BE COMPLETED BY ALL APPLICANTS**

The undersigned applicant agrees to operate the Temporary Food Service establishment in compliance with Subpart 14-2 of the New York State Sanitary Code.

Signature of Applicant: ______________________  Date: ______________________

Print Name: ______________________  Title: ______________________

**FOR OFFICE USE ONLY**

Name of person interviewed: ______________________

Items Covered:

☐ Menu Review: Is menu appropriate for location, facility, & length of permit? Yes / No  - If NO, state menu limitations (below):

☐ Anticipated number of customers to be served:

☐ Food Prep limited to seasoning and cooking on-site? Yes ☐ No; If No, where and how is prep done?

☐ Source of water & ice:

☐ Cold storage facilities:

☐ Probe thermometer & cooking temperatures:

☐ Hot Holding facilities to be provided & holding temp reviewed:

☐ Hand washing facility:

☐ Use of gloves & proper utensils (NO bare hand contact):

☐ Exclude ill workers:

☐ Dishwashing (if applicable):

APPROVED? ☐ NO ☐ YES  BY: ______________________  DATE: ___ / ___ / ___

Temp FS Applic (rev. 8-6-19)
INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

- **APPLICATION FEES ARE NON-REFUNDABLE.** We can accept the following forms of payment: *Check* (made out to “Chemung Co. Health Dept.”), *Cash* (exact change please, in person only), or *Credit/Debit card* either in person or by phone, but please be aware that there is a minimum $1.00 service fee (up to 2.25 %) if you pay this way.

- **WORKERS’ COMPENSATION AND DISABILITY INSURANCE**
  As a government agency, we are prohibited from issuing permits until you submit either proof of insurance or a CE-200 Exemption form. See below for details.

- **SIGNATURE** - All applications must be signed.

**Current Fees:**
- 1 day event: $20.00
- 2–3 day event: $30.00
- 4–14 day event: $50.00
- Temp Civic (such as Wisner Mkt): $111.00

**Workers’ Compensation and Disability Insurance Requirements for Permitted Facilities**

The following forms must accompany the application to document compliance with the Worker’s Compensation Law. Permits will not be issued without this paperwork.

These forms can be sent directly to our office by your insurance agent via email to EHS@chemungcountyny.gov, fax (607) 737-2059, or they can be mailed to our office along with your application.

➔ **When Worker’s Comp and/or Disability coverage IS provided.**

**Proof of Workers’ Compensation Insurance:**

- Form C-105.2 – Certificate of Worker’s Compensation Insurance (*Contact your Insurance carrier*; they will have to generate this form). **Note:** Form C-105 is not acceptable proof, must be form C-105.2
- Form U-26.3 – Certificate of Workers’ Compensation Insurance (Issued by the State Insurance Fund, you will have to contact them).
- Form SI-12 – Certificate of Workers’ Comp Self-Insurance (usually only applies to major corporations or government agencies).
- GSI – 105.2 – Certificate of Participation in Workers’ Compensation Group Self-Insurance (usually only applies to major corporations or government agencies).

**AND**

**Proof of Disability Benefits Insurance:**

- DB-120.1 - Certificate of Disability Benefits (*Contact your Insurance carrier*; they will have to generate this form). **Note:** Form DB-120 is not acceptable proof, must be form DB-120.1
- Form DB-155 – Certificate of Disability Benefits Self-Insurance Insurance (usually only applies to major corporations or government agencies).

**Important:** Acord Forms are not acceptable as proof of insurance coverage.

➔ **When Worker’s Comp and/or Disability coverage IS NOT provided.**

**Form CE-200** – Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage.

You can obtain form CE-200 from the following:

- **On-line** – Either email us at EHS@chemungcountyny.gov or call our office at 607-737-2019 to request that we email you the link to the Worker’s Comp Board Website along with instructions on how to complete the form online.

  Submit the completed and signed CE-200 to our office along with your application.