

# TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION



Permit review by appointment ONLY. Call for an appointment (518) 565-4870.

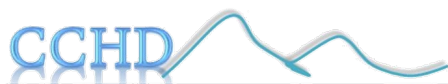
Permit applications are required to be submitted at least 30 days prior to operation date. If submitted less than 30 days, CCHD cannot guarantee permit issuance prior to operation date.

**Note:** Completing this application does not constitute approval to operate.

The link to pay online is:

<https://www.velocitypayment.com/client/clintoncounty/healthdepartment/permitfees/index.html>

(NOTE: 2.5% fee will be added if using a credit card, or .50 cents flat rate if using a check)



Clinton County HEALTH Department

Environmental Health and Safety  
135 Margaret Street  
Plattsburgh, NY 12901  
Phone 518-565-4870  
Fax 518-565-4843

[health.clintoncountyny.gov](http://health.clintoncountyny.gov)



Public Health  
Prevent. Promote. Protect.

Rev. 1 2024

Clinton County Health Department  
133 Margaret Street  
Plattsburgh, NY 12901

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

**SECTION A: Facility Information (Entire section must be completed by all applicants.)**

Facility name \_\_\_\_\_

Facility address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. (\_\_\_\_)\_\_\_\_\_ Fax no. (\_\_\_\_)\_\_\_\_\_

Municipality [\_\_\_\_\_] [T] [V] [C] Capacity [\_\_\_\_\_] Facility Status [ ] Profit [ ] Non-profit

Facility Type [\_\_\_\_\_] Indicate days operation is open S M T W T F S

Expected opening date      Expected closing date      Hours of operation                       AM PM Open Close AM PM

Month/Day Month/Day Open Close

**Water Supply**

**Sewage System**

**Number of operations under this registration**

Public (municipal)  Public (municipal)  Indoor Pools  Bathing Beaches  Food Services  Day Camps  
 Private (onsite)  Private (onsite)  Outdoor Pools  Spa Pools  Recreational Aquatic Spray Grounds  
 Tanning Devices

**SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)**

Legal **operator** or operating corporation \_\_\_\_\_  
(If corporation or partnership, Section F must be completed.)

Person in charge \_\_\_\_\_ Telephone no. (\_\_\_\_)\_\_\_\_\_ Fax no. (\_\_\_\_)\_\_\_\_\_

Permanent address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employee Identification Number [\_\_\_][\_\_\_][\_\_\_][\_\_\_][\_\_\_][\_\_\_][\_\_\_][\_\_\_]  
Or Social Security Number [\_\_\_][\_\_\_][\_\_\_]-[\_\_\_][\_\_\_]-[\_\_\_][\_\_\_][\_\_\_][\_\_\_]

Owner \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_

Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).**

Name and location of event \_\_\_\_\_

Name of Foods Supplier of ingredients Where and how foods will be prepared and served

Name of Foods	Supplier of ingredients	Where and how foods will be prepared and served

**SECTION D: Complete for mobile food service establishments or pushcarts only.**

Type of vehicle  Motorized  Pushcart  Other (specify) \_\_\_\_\_

Motor vehicle license number (motorized vehicles only) \_\_\_\_\_

Commissary name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List on a separate sheet of paper the type of food and beverages served.

**SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.**

**SECTION F: Partners and Corporate Officers**

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

**SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)**

Check the appropriate lines and 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 **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 Insurance

DB-120.1 - Certificate of Disability Benefits **OR**

Form DB-155 – Certificate of Disability Benefits Self-Insurance

**B. Workers Compensation and Disability Insurance Coverage **NOT Provided****

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

**SECTION H: Signature (Entire section must be completed by all applicants.)**

**FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.**

**Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.**

Signature of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION I: FOR OFFICE USE ONLY**

Permit issuance recommended?  Yes  No Permit Effective Date [\_\_\_][\_\_\_][\_\_\_] Permit Expiration Date [\_\_\_][\_\_\_][\_\_\_]

Conditions of approval

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

# TEMPORARY FOOD SERVICE DETAILS

1. Name of Booth: \_\_\_\_\_ Contact Person: \_\_\_\_\_
2. Event: \_\_\_\_\_ Event Coordinator: \_\_\_\_\_  
 Event Location: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Event Dates: \_\_\_\_\_ Event Hours: \_\_\_\_\_  
 Is this your first time at this event? Yes \_\_\_ No \_\_\_  
 Greatest number of people to be served \_\_\_\_\_  
 How many food workers/handlers at the event \_\_\_\_\_

3. Prep Kitchen. All advance food preparation and storage must be done in an approved kitchen facility. No home storage or preparation of food is allowed. Indicate below where food will be stored and/or prepared  
 Kitchen Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 ATTACH SIGNED COPY OF "Use of Commissary/Shared Kitchen Agreement"

4. MENU and PREPARATION PROCEDURES:

I. **Check all food preparation procedures that will be done in advance at the COMMISSARY**

FOOD include all beverages and condiments	Prep date	Thaw	Assemble	Cook/ bake	Cool	Cold Holding	Reheat	Hot Holding	Portion/ Package	Storage	Critical Control Points NOTES

II. **Check food preparation procedures that will be done at the EVENT:**

FOOD include all beverages and condiments	Prep date	Assemble	Cook/ bake	Cold Holding	Reheat	Hot Holding	Portion/ Package	Critical Control Points NOTES

NOTE: Use a separate sheet of paper if you are unable to fit all of your menu items onto this form.

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\* ALL 3 PAGES MUST BE SUBMITTED EVERY YEAR WITH YOUR PERMIT RENEWAL \*\***

# TEMPORARY FOOD SERVICE DETAILS

Name of Booth \_\_\_\_\_

**5. Keep Foods Hot or Cold.** Potentially hazardous food must be at 45° F or below, or 140° F or greater. Check equipment that will be used.

**Cold Holding:**  refrigerator  refrigerated truck  ice/cooler  dry ice/cooler  drained ice  
 other: \_\_\_\_\_

**Cooking, Hot Holding or Reheating:**

hot case  oven  BBQ  gas grill  wok  steamer  stove  steam table  
 other: \_\_\_\_\_

**6. Booth.** Overhead cover must protect the interior of the booth from dirt and weather. Floors should be a cleanable material, not grass or dirt. All food, utensils, and paper products must be stored off the floor. All activity and food storage must fit inside the booth. Specify floor material \_\_\_\_\_

**7. ADDITIONAL REQUIREMENTS CHECKLIST:**

- No Bare Hand Contact with Ready-To-Eat Foods-** Use barriers like tongs, bakery papers or gloves. Workers with symptoms of diarrhea, vomiting, jaundice, or sore throat with a fever cannot work.
- Sanitizer** - Provide sanitizer solution for wiping cloths. Mix one teaspoon of chlorine bleach per gallon of water.
- Thermometer** - A properly calibrated metal stem probe thermometer is required. Check temperatures of potentially hazardous food frequently.
- Sneeze Guard** - Foods prepared, cooked or displayed on the front counter must be protected with a sneeze guard.
- Permit to Operate** - Have your permit displayed in the booth where the public can see it.
- Leftovers** - Hot food must be discarded at the end of the day. Cooling of food at the event or in the booth is not allowed.
- Waste Water-** Pour wastewater into a sanitary sewer. Do not discharge waste water into storm drains or on the ground.
- Employee Restrooms-** Provide access restrooms for your employees. Restrooms must have hand sinks with hot and cold running water. Wash hands before returning to the booth. Portable toilets are not allowed, unless portable hand washing facilities with hot water, soap and paper towels are provided.
- Dish Washing** - For one day events, bring extra utensils and food equipment to change out as needed. Provide plumbed dishwashing facilities if the event is more than one day. Soap, sanitizer, and sink drain plugs must also be provided. Dish tubs are not acceptable
- Insect Exclusion** – All foods kept covered at all times unless in a screened booth.
- Hand Washing** - Provide a gravity flow hand washing facility in your booth.. Check the hand wash facilities throughout the day and refill when needed. **WASH HANDS FREQUENTLY!**

**Temporary Food Hand Wash Set Up Example:**

	<p style="text-align: center;"><u>Typical Components:</u></p> <ul style="list-style-type: none"> <li>✓ Table</li> <li>✓ 5-Gallon insulated container with warm water and spigot to allow the flow of water without having to hold it;</li> <li>✓ 5-Gallon waste bucket to receive the wash water</li> <li>✓ Hand Soap</li> <li>✓ Paper Towels</li> </ul>
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YOUR APPLICATION MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO THE EVENT. APPLICATIONS RECEIVED LESS THAN 30 DAYS PRIOR TO THE EVENT MAY BE CHARGED AN ADDITIONAL FEE AND/OR THE MENU MAY BE RESTRICTED.

**\*\*ALL 3 PAGES MUST BE SUBMITTED EVERY YEAR WITH YOUR PERMIT RENEWAL\*\***

# TEMPORARY FOOD SERVICE DETAILS

Provide a layout drawing to scale in the space below. The following items must be shown and labeled:

Sanitizer containers  Ice containers  Dry Goods Storage  Food Handling Surfaces  Cooking Equipment

Hot Holding Equipment  Cold Holding Equipment  Hand Washing  Utensil Washing  Garbage Storage

**LAYOUT (each square represents 1 foot x 1 foot)**

A large grid for drawing a layout, where each square represents 1 foot x 1 foot. The grid is 14 squares wide and 18 squares high.

**\*\*ALL 3 PAGES MUST BE SUBMITTED EVERY YEAR WITH YOUR PERMIT RENEWAL\*\***



# Clinton County Health Department

133 Margaret Street, Plattsburgh, New York 12901-2926

**“Working Together for a Healthier Community”**

www.clintonhealth.org



**Public Health**  
Prevent. Promote. Protect.

**Environmental Health & Safety Division**

**Phone: (518) 565-4870**

**Fax: (518) 565-4843**

## FACILITY OPERATING EVENTS

Name of Business: \_\_\_\_\_

**Please list below all proposed operating events. If the event or menu changes, you must inform our office at (518) 565-4870.**

1. Event: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_  
 Food Preparation Date: \_\_\_\_\_  
 Greatest number of people to be served: \_\_\_\_\_  
 How many food workers/handlers at the event: \_\_\_\_\_  
 Proposed Food Items: \_\_\_\_\_  
 \_\_\_\_\_

2. Event: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_  
 Food Preparation Date: \_\_\_\_\_  
 Greatest number of people to be served: \_\_\_\_\_  
 How many food workers/handlers at the event: \_\_\_\_\_  
 Proposed Food Items: \_\_\_\_\_  
 \_\_\_\_\_

3. Event: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_  
 Food Preparation Date: \_\_\_\_\_  
 Greatest number of people to be served: \_\_\_\_\_  
 How many food workers/handlers at the event: \_\_\_\_\_  
 Proposed Food Items: \_\_\_\_\_  
 \_\_\_\_\_

4. Event: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_  
 Food Preparation Date: \_\_\_\_\_  
 Greatest number of people to be served: \_\_\_\_\_  
 How many food workers/handlers at the event: \_\_\_\_\_  
 Proposed Food Items: \_\_\_\_\_  
 \_\_\_\_\_

# Required Workers' Compensation and Disability Insurance Forms Instructions

To learn what required Workers' Compensation and Disability Insurance Forms that you need to submit with your permit application, please, go to the following web address:

<http://www.wcb.ny.gov/content/main/Employers/Employers.jsp>

Now look up the required form on the website, and follow the instructions.

## Workers' Compensation Forms

Form Number	Form Title	Who Files	Where to File	When to File
C-105.2	Certificate of NYS Workers' Compensation Insurance Coverage (All private NYS licensed workers' compensation carriers are required to issue the C-105.2. Please note that the State Insurance Fund issues a different form, the U-26.3 form, as its version of the C-105.2)	Employers insured for workers' compensation through a private insurance carrier	Filed with the government agency issuing a permit, license or contract. The C-105.2 must be completed by the insurance carrier or its licensed insurance agent.	Upon obtaining a permit, license or contract from a government agency. Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board's <a href="#">Bureau of Compliance</a> to obtain this form.
U-26.3	NY State Insurance Fund Certificate of Workers' Compensation Coverage (This is the State Insurance Fund's equivalent of Workers' Compensation Board Form C-105.2)	Employers insured for workers' compensation through the State Insurance Fund	Filed with the government agency issuing a permit, license or contract.	Upon obtaining a permit, license or contract from a government agency. <u>Employers must obtain this form from the State Insurance Fund.</u>
SI-12	Affidavit Certifying That Compensation Has Been Secured	Employers with Board-approved self-insurance for workers' compensation	Filed with the government agency issuing a permit, license or contract. The SI-12 must be completed by the Board's Self-Insurance Office and approved by the Board's Secretary.	Upon obtaining a permit, license or contract from a government agency. <u>Board-approved self-insurers must obtain this form from Board's Self-Insurance Office.</u> (518) 402-0247
I-105.2	Certificate of Participation in Workers' Compensation Group Board-approved self-insurance	Employers participating in group self-insurance for workers' compensation	Filed with the government agency issuing a permit, license or contract. The GSI-105.2 must be completed by the group self-insurance administrator.	Upon obtaining a permit, license or contract from a government agency. <u>Employers must obtain this form from their group self-insurance administrator.</u> For further information contact the Board's Self-Insurance Office at (518) 402-0247.



## Disability Insurance Forms

Form Number	Form Title	Who Files	Where to File	When to File
DB-120.1	Certificate Of Insurance Coverage Under The NYS Disability Benefits Law	Employers insured for NYS statutory disability benefits insurance through an insurance carrier.	Filed with the government agency issuing a permit, license or contract. The DB-120.1 must be completed by either the NYS statutory disability benefits insurance carrier, or a licensed NYS insurance agent of that carrier.	Upon obtaining a permit, license or contract from a government agency. <u>Employers must obtain this form from either their NYS statutory disability benefits insurance carrier or a licensed NYS insurance agent of that carrier.</u> Carriers and their licensed agents may contact the Board's <a href="#">Bureau of Compliance</a> to obtain this form.
DB-155	Compliance With Disability Benefits Law	Employers with Board-approved self-insurance for disability benefits	Filed with the government agency issuing a permit, license or contract. The DB-155 must be completed by the Board's Self-Insurance Office.	Upon obtaining a permit, license or contract from a government agency. <u>Board-approved self-insured employers must obtain this form from Board's Self-Insurance Office.</u> (518-402-0247)

## WC/DB Exemptions

Form Number	Form Title	Who Files	Where to File
CE-200 Used as a paper application for Form CE-200 which replaces Forms WC/DB-100 and C-105.21.	Paper application for the CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	A paper application to obtain the CE-200. The CE-200 is used by the applicant to certify they are not required to carry workers' compensation and/or disability benefits when obtaining a license, permit, or contract from State, county or municipal agencies in New York State. <u>Applicants using this paper application process may wait up to four weeks before receiving a CE-200.</u> This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application. Accordingly, to avoid delays, all applicants for exemptions are strongly encouraged to use the on-line Form CE-200.	Mail the completed CE-200 APPLY application to: NYS WCB Bureau of Compliance Form CE-200 100 Broadway Albany, NY 12241-0005 or Fax: 800-486-7175 Once the applicant receives the CE-200, the applicant can then verify the information on the CE-200, sign it and then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. Please also print the related instructions for filling out Form CE-200 <b>Help Line: Business Express: 518-485-5000 option #4</b> <b>Worker's Compensation phone: 877-632-4996</b>
<b>CE-200 online</b>  (Replaces WC/DB-100 and Form C-105.21)	Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.	Please file with the government agency that is issuing the permit, license or contract. (Examples: The New York City Department of Buildings or the New York State Department of Health) These exemption forms can <u>ONLY</u> be used to attest to a government entity that an applicant requesting a permit, license or contract from that <u>government</u> entity is not required to carry <u>NYS</u> workers' compensation and/or disability benefits insurance. Apply on <b>line: <a href="http://www.businessexpress.ny.gov">www.businessexpress.ny.gov</a></b>

# Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation 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](https://businessexpress.ny.gov).
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a 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 a 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 a NY.gov Individual account, select **Continue**.
    - If the account(s) shown is a 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.
  - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
  - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

## You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access [businessexpress.ny.gov](https://businessexpress.ny.gov), and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

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