

Ulster County Department of Health  
Environmental Health Services  
239 Golden Hill Lane  
Kingston, NY 12401  
(845) 340-3010

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

**It is unlawful to operate any temporary food service establishment without a permit.**

Name of Event: \_\_\_\_\_ Township of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Number of Event Operating Days: \_\_\_\_\_ **(maximum 14 days per application/permit)**

List each Date(s) of Operation: \_\_\_\_\_

\_\_\_\_\_

Time food is to be served: Opening Time: \_\_\_\_\_ AM/PM Closing Time: \_\_\_\_\_ AM/PM

Name of Establishment: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ EIN: \_\_\_\_\_

Not-for-profit Operator: Yes \_\_\_\_\_ (*Attach copy of proof of not-for-profit status*) No \_\_\_\_\_

Food to be served: \_\_\_\_\_

\_\_\_\_\_

Food to be obtained from: \_\_\_\_\_

Equipment to be used: \_\_\_\_\_

Water Supply (Check One): Private: \_\_\_\_\_ \*Sample Result Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Public: \_\_\_\_\_ Water System Name \_\_\_\_\_

*\* A satisfactory water sample during the same quarter of the year in which the event is operating must be submitted to the UCDOH or bottled water / bagged ice must be used.*

***The Undersigned applicant has received, read, understands, and agrees to operate the temporary food service establishment in complete compliance with Ulster County Sanitary Code, Article VI. The permit to operate a Temporary Food Service Establishment will be issued upon the completion of a satisfactory Ulster County Department of Health inspection report.***

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

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

**FOR OFFICE USE ONLY**

Permit Recommended: Yes \_\_\_\_\_ No \_\_\_\_\_ By \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Risk: Low Medium High (circle one)

Permit Conditions: Single Service. Foods listed on "Food to be served" line.



# 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).

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

## 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](http://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](http://www.health.ny.gov/TempFood)

### **Questions about health department permit requirements:**

Contact your health department

[www.health.ny.gov/EnvironmentalContacts](http://www.health.ny.gov/EnvironmentalContacts)

### **Questions about Workers' Compensation and Disability forms:**

Workers' Compensation Board Office

518-462-8880 or 877-632-4996