

Orleans County Health Department
**APPLICATION FOR PERMIT TO OPERATE
 A TEMPORARY FOOD SERVICE ESTABLISHMENT**

Single event (14 days or Less) \$30.00 **Multiple Temporary (up to 26 events per year) \$90.00**

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

*****FOOD WORKER TRAINING REQUIRED IN 2013---Contact office or visit website for details*****

Booth Name /Operating Group _____

Person in Charge _____ Tel/cell _____

Address (permit will be mailed to:) _____

Email address _____

Second Contact (if any) _____ Tel/cell _____

Email address _____

Event & Location: _____ Dates/Hours of Operation: _____

- Use back of form for additional space
- For multiple temporary permit holders: This office will issue separate permits for different events/locations of operation. Accurate permits must be posted.

Menu Items (list all)	Purchased from:	Where/How Prepared ***MUST be an approved facility OR on-site***

➤ Use back of form for additional space or varying menus

The undersigned applicant has received, read, understands, and agrees to operate the temporary food service establishment in complete compliance with Subpart 14-2 of the New York State Sanitary Code.

Date

Signature of Operator

(For Office Use)

Permit Recommended: Yes ____ No ____ By _____ No. Permits/Locations _____

Exp Date (Office ONLY) _____ Additional Dates Requested* _____

**Person requesting additional dates must be listed above*

Permit Conditions (or Refusal Letter) _____

Orleans County Health Department, 14012 Route 31 West, Albion NY 14411
 Phone (585) 589-3278 Fax (585) 589-2873

<http://www.orleansny.com/Departments/Health/PublicHealth.aspx>

(revised 5/2/2012)