

ENVIRONMENTAL HEALTH DIVISION  
http://www.tompkins-co.org/health/eh

Ph: (607) 274-6688  
Fx: (607) 274-6695

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

Also available at: [www.tompkinscountyny.gov/health/eh/food/tempinfo](http://www.tompkinscountyny.gov/health/eh/food/tempinfo)

**Permit fee of \$65** for commercial operations. Permit fee is waived for Non-Profit operations.  
**A \$20 expediting fee** will be charged for any application submitted less than 2 weeks prior to the event.

<b>TCHD USE ONLY:</b> Fee/NFP:\$ _____ Payment Ck#/Mo#/Cash: _____ Receipt#: _____ BB (Initial): _____			
Permit issuance recommended?    Yes    No    Expiration Dates of WC/DB on file: _____			
Conditions _____			
Signature _____		Title _____	Date _____
Permit#: _____	Risk: _____	Operation ID: _____	Date: _____
Email _____	Other _____	Notes: _____	

1. Group/Organization/Business \_\_\_\_\_
2. Event \_\_\_\_\_
3. Event Date(s) & Time(s) of Operation \_\_\_\_\_
4. Event Address \_\_\_\_\_
5. Town/City/Village (circle) \_\_\_\_\_
6. Event Owner/Operator Name \_\_\_\_\_
7. Mailing Address, City, State, & Zip \_\_\_\_\_
8. Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax # \_\_\_\_\_

***Your permit will be sent to you by email from [TCEH@tompkins-co.org](mailto:TCEH@tompkins-co.org)***

9.

Menu Items (List all foods to be prepared/served)	Source of Food (Supplier, store)	Where Prepared (At what facility and/or onsite)

*(Attach additional sheets or preprinted menu)*

10. Describe thermometer available during the event:

11. Describe all refrigeration and cold holding equipment:

12. Describe all cooking, heating, and hot holding equipment:

13. Describe food storage (nonperishable and canned goods):

14. Describe hand washing facilities and restroom facilities:

15. Describe dish, utensil, and equipment washing facilities:

16. Source and storage of water: Municipal \_\_\_\_\_ or Private source \_\_\_\_\_  
➤ *If private source:* Date of recent sample \_\_\_\_\_ or Transporting water \_\_\_\_\_  
➤ *If transporting water:* Source \_\_\_\_\_ Transport technique \_\_\_\_\_

17. Sewage treatment and disposal: Municipal \_\_\_\_\_ or Onsite system \_\_\_\_\_  
➤ *If Onsite system:* Describe system & disposal \_\_\_\_\_ or  
➤ *If Holding tank:* Describe holding tank & disposal \_\_\_\_\_

18. If you provide Workers' Compensation & Disability Benefits Insurance, submit copies of your certificates with **Tompkins County Health Department** shown as the Certificate Holder.

**Workers' Compensation Insurance (acceptable forms)**

- Form **C-105.2** Certificate of Workers' Compensation Ins **OR**
- Form **U-26.3** Certificate of Workers' Compensation Ins **OR**
- Form **SI-12** Certificate of Workers' Compensation Self-Ins **OR**
- Form **GSI-105.2** Certificate of Participation in Workers' Compensation Group Self Ins

**Disability Insurance (acceptable forms)**

- Form **DB-120.1** Certificate of Disability Benefits **OR**
- Form **DB-155** Certificate of Disability Benefits Self Ins

If you are not required to provide Workers' Compensation & Disability Benefits Insurance visit [www.wcb.ny.gov](http://www.wcb.ny.gov) to obtain the Form **CE-200** Certificate of Attestation of Exemption to comply with NYS Workers' Compensation Law. Call Health Department at (607) 274-6688 if you have questions.

**Operation without a valid permit is a violation of the State and Local Sanitary Codes. False statements made on this application are punishable under the penal law.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_