

Orleans County Health Department
TEMPORARY FOOD SERVICE: APPLICATION FOR PERMIT or REPORT EVENT

PERMIT
SINGLE \$30.00

PERMIT
MULT TEMP \$100.00

ADD EVENT
PRE-PAID PERMIT

REPORT EVENT
LETTERED FAC. ONLY

Booth Name /Operating Group _____

Person in Charge _____ Food Handler Certificate Holder

Address (permit will be mailed to) _____

Email address _____ Tel/cell _____

Second Contact (if any) _____ Food Handler Certificate Holder

Email address _____ Tel/cell _____

******FOOD HANDLER CERTIFICATE(S) REQUIRED - MUST BE AVAILABLE AT EVENT LOCATION******

Event(s) & Location(s) _____ Date(s)/Hours of Operation: _____

Menu Items	Purchased from	Prep Location	***MUST be prepared ON-SITE or at APPROVED FACILITY***

➤ USE BACK OF FORM FOR ADDITIONAL SPACE

The undersigned applicant has received or electronically accessed, 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

OFFICE USE ONLY

FEE EXEMPT DOCUMENT ON FILE NEW SUBMISSION N/A PERMIT EXEMPT YES NO BY _____ DATE _____

PENDING DOCS _____ RCVD / DATE _____

APPROVE PERMIT

YES NO BY _____ DATE _____ EXP DATE (this permit) _____ MT Exp date _____

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