

George Latimer  
County Executive

Sherlita Amler, M.D.  
Commissioner of Health

## TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Permit Fee: \$85

Submit a check or money order payable to Westchester County Dept of Health

**Application Review Conference Missed Appointment fee = \$70.00**

**Application must be received no less than 5 business days prior to the event in order to comply with WCSC Article III, Section 873.301 (5) (b). Failure to comply will result in assessment of this fee**

### Contact Information

Name of Applicant/Business/Corporation: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Primary/Cell Phone: \_\_\_\_\_

**Onsite Food Handler with TFSE Certification:** \_\_\_\_\_

Name of Course: \_\_\_\_\_ Date Taken: \_\_\_\_\_

### Temporary Event Information

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

Event Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_\_ Setup Time: \_\_\_\_\_

Event End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Time: \_\_\_\_\_

Event Location/Facility Name: \_\_\_\_\_

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

Event Coordinator: \_\_\_\_\_ Primary/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Commissary Agreement** (If applicable)

Organizations or individuals requiring the use of an **off-site kitchen facility** must be reviewed and approved by the Department of Health.

I, \_\_\_\_\_ allow \_\_\_\_\_ to use \_\_\_\_\_

*Restaurant owner*

*Applicant/Business*

*Name of permitted FSE*

FSE Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permit #: \_\_\_\_\_ Date kitchen will be used: \_\_\_\_\_ Time of use: \_\_\_\_\_

**Intended Use:** Food Preparation  Cooking  Cooling Food  Hot Holding

Cold Holding  Dry Storage  Sanitizing  Approved Water Source

Waste Water Disposal  Other: \_\_\_\_\_

By signing, the restaurant owner/permitted facility verifies that all food handling practices were conducted in accordance with the NYS Subpart 14-1 Sanitary Code and Westchester County Sanitary Code Article V.

x \_\_\_\_\_

**Facility and Operations Information**

**Transport Equipment:** Ice chest  Cambro boxes  Refrigerated vehicle

Other: \_\_\_\_\_

**Hot Holding Equipment:** Steam table  Chafing dish  Grill

Other: \_\_\_\_\_

**Cold Holding Equipment:** Refrigerator  Freezer  Ice chest with freezer

Other: \_\_\_\_\_

**Food Storage:** Approved Commissary  Trailer  Purchased day of event

Other: \_\_\_\_\_

If TFSE is multiple days where and how will leftover foods be stored?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Protection from Environmental Factors-** describe how booth will be set up (overhead protection, floors, walls, lighting, how food will be protected from insects, dust, etc. during storage, display and service)

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**Hand-wash Station-** describe set up for hand wash station (portable hand wash sink, thermos with spigot, etc.)

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**Equipment washing** - describe where and how utensils will be washed onsite (will provide portable wash, rinse, sanitize stations/ provide extra utensils/ no washing required for operation/etc.)

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**Wiping cloths:** Sanitizing bucket with solution  Disposable cloths

Other: \_\_\_\_\_

**Restroom Facilities-** how many and what type of restrooms will be provided (portable toilets with hand wash stations, distance from event, etc.)?

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**Water Supply:** Public water  Bottled water  Other: \_\_\_\_\_

**Continuous Electric power** - describe how electricity will be provided (will it be provided overnight if event is more than one day)?

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**Waste water disposal:** how and where will waste water be disposed? (Dumping waste water in storm drains and or storm sewers is **not permitted**)

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**Garbage Disposal:** Provided by Event Coordinator  Dumpster located on-site

Will collect and haul away  Other \_\_\_\_\_

In addition to completing the "Handling Process For Food and Beverage Items" form:

Shellfish (clams, oysters, mussels) being served: \_\_\_\_\_

Name of shipper, tag number: \_\_\_\_\_

Place of purchase: \_\_\_\_\_

**Source of Ice:** Bagged  Brand: \_\_\_\_\_

Commercial ice machine  Location of machine: \_\_\_\_\_

Other: \_\_\_\_\_

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I agree to comply with applicable requirements of the Westchester County and New York State Sanitary Codes, not prepare any foods in a noncommercial facility or private home and I certify that I have read and agree to follow all requirements as stated in Health Requirements for Food Service Operations form TFSE- 1-97.

*All persons handling food are to be free from infectious disease which can be transmitted by foods and are not to have infected cuts, sores, boils, or respiratory disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints to minimize hair contact with hands, food and food contact surfaces. All personnel handling food are to wash their hands with soap and water after using the toilet, smoking, eating or when soiled. Approved type food handlers gloves are to be worn when handling ready to eat foods. The Department of Health reserves the right to limit the type of foods to be served.*

Authorized Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Section 5 of the New York State Tax Law requires that you provide your Social Security number and/or Federal Employer Identification number for tax administration purposes:

S.S # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ F.E.I # \_\_\_\_\_

( ) Number applied for, but not yet received

( ) Other, please explain \_\_\_\_\_

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FOR OFFICE USE ONLY

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Provisions of the Westchester County Sanitary Code require that before issuance of a permit to operate a Temporary Food Service Establishment, the following documents must be filed with this department:

1. Application for Temporary Food Service Establishment Permit
2. Handling process for food and beverage items
3. A Certificate of Resolution for Authorization **if** the owner is incorporated (Corporate Seal must be affixed to document)
4. Workmen's Compensation/Disability Insurance Certification
5. **PLEASE NOTE: If you are a mobile food vehicle that contains cooking equipment that produces smoke or grease-laden vapors for the purpose of preparing and serving food to the public you MUST provide proof of a satisfactory inspection conducted by the local municipality for compliance with Building/Fire Codes.**

**Workers' Compensation and Disability Insurance**

Submit copies of the following documentation with the application to document compliance with the Workers' Compensation Law:

A. Workers Compensation and Disability Insurance Coverage is **PROVIDED**

Workers Compensation

- Form C-105.2 – Certificate of Workers' 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 Benefits

- DB-120.1 Certificate of Disability Benefit **OR**
- DB-155 Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability Insurance is **NOT PROVIDED**

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
- Can be filled out electronically: [www.wcb.ny.gov](http://www.wcb.ny.gov)

This application must be completed, legible, signed where ever indicated, accompanied by the appropriate fee (business check, certified check or money order **only**) and submitted to the Department of Health at least 5 days prior to the event to avoid the \$70.00 penalty described on page 1.

Return the completed application and ALL supporting documents to:

Westchester County Department of Health  
Bureau of Public Health Protection  
Mount Kisco Central Office  
25 Moore Avenue - Mount Kisco, NY 10549  
Phone: 914-864-7330  
<http://health.westchestergov.com/>





