

Genesee and Orleans County Health Departments <u>Application for a Permit to Operate Temporary Food Service</u>



Before a Health Department permit can be issued, you must prove compliance with NYS Worker's Compensation AND Disability and Paid Family Leave Benefits Insurance requirements.



Please visit the NYS Department of Health website for more information: https://www.health.ny.gov/publications/6585/

| O | SINGLE EVENT \$30.00 | MULTIPLE EVENT \$100.00 (up to 26 events) | 🖸 ADD I | EVENT |
|---|-------------------------------|--|--------------------------------------|--|
| Name of | f Operation (Stand): | | | |
| Person i | n Charge: | | | |
| Address | : | | | |
| | | | | |
| Phone # | : | Email: | _ | |
| | | | | Date(s) |
| | Item(s) | | Pre | ep Location(s) site or an approved facility) |
| | | | | |
| A late | AND MUST | CERTIFICATE(S) REQUIRED F Γ BE AVAILABLE AT EVENT LO Orary Food / Multiple Temporary Foo | CATION(S) d Applications received b | y this office less than 7 |
| | The undersigned applicant has | t (Temporary Food) or first events (Market Processed) received or electronically accessed, receishment in compliance with Subpart 14 | ad, understands, and agre | es to operate the |
| | Signature of Op | erator | Date | |
| | | *OFFICE USE ONLY* | | |
| Permit A | Approved: | Ву: | Date: | |
| Permit Expiration Date: Multiple Temporary Food Permit Expiration Date: | | | | |

Genesee County Event - Mail to: 3837 West Main Street Road, Building II Batavia, NY 14020 or Email to: Health@co.genesee.ny.us

Orleans County Event - Mail to: 14016 Route 31 West, Suite 101 Albion, NY 14411 or Email to: OCPublicHealth@OrleansCountyNY.Gov