

Genesee and Orleans County Health Departments Application for a Permit to Operate Temporary Food Service



Before a Department of Health 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/

SINGLE-DATE EVENT ONE LOCATION \$50.00	MULTIPLE-D. ONE LOCAT (preapprova	ION \$100.00	ADD EVENT DATE No Fee
Name of Business/Operation:			
Business Address:			· · · · · · · · · · · · · · · · · · ·
Person in Charge:	· · · · · · · · · · · · · · · · · · ·		
Mailing Address (if different from			
Phone #:	Emai	1:	
Name of Event			
Menu Item (s)	Purchased From]	HOME-PREPARED FOODS ARE
FOOD HANDLER CERTIFICATION WITH THIS APPLICATE A \$50 late fee is charged to a Multiple-Date The undersigned application of the material process.	TION. CERTIFICATE MUST B Il applications received by this permits always expire on Dece	A ORLEANS COUNTY AND E AVAILABLE AT THE EXPOSITION OF THE EXPOSITION OF THE EXPOSITION OF THE PROPERTY OF THE	D MUST BE SUBMITTED VENT LOCATION. r to the event start date. are issued. mporary Food Service
Establishme	ent in compliance with Subpart 14-	·2 of the New York State Sanita	ary Code.
Signature	e of Operator	Date	
	OFFICE USE O	ONLY	
PERMIT APPROVED: ☐ YES ☐] NO BY:	Date:	
PERMIT Expiration Date:			

Genesee County Event - Mail to: 3837 West Main Street, County Building II Batavia, NY 14020 or Email to: Health@GeneseeNY.gov

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