

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



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 EVEN ONE LOCATION \$50.00	ONE LOCA	DATE EVENT FION \$125.00 ral required)	ADD EVENT DATE No Fee
Name of Business/Operation: _			
Business Address:			
Person in Charge:			
	om above):		
Phone #:	Emai	1:	
	Event Location		
Menu Item (s)	Purchased From	Prep Location(s)	IOME-PREPARED FOODS ARE NOT ALLOWED
FOOD HANDLER CERTIF WITH THIS APPLIC  A \$50 late fee is charged t	ICATE(S) ARE REQUIRED FOR ATION. CERTIFICATE MUST Book all applications received by this ate permits always expire on Dece	R ORLEANS COUNTY AND E AVAILABLE AT THE EX	MUST BE SUBMITTED VENT LOCATION.  to the event start date.
9 11	licant has received, read, understands nment in compliance with Subpart 14-		
Signat	ure 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