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Robert P. Astorino
County Executive

Sherlita Amler, M.D.
Commissioner of Health

TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Permit Fee: \$70

Check (certified or business) or money order payable to Westchester County Health Department

Application Review Conference Missed Appointment fee = \$55.00

Application must be received no less than 5 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: _____

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/will be 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)

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

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.)

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.)?

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)?

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

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: _____

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 WCTFSE-2014.

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 _____

FOR OFFICE USE ONLY

Application: Approved _____ Denied _____ Date: _____

Signature: _____

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

This application must be completed, legible, signed where 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 \$55.00 penalty described in this application.

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/>



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Guidelines and Health Requirements for Temporary Food Service Operations

The 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 \$55.00 penalty described on page 1.

Temperature Control

- **Cold holding** - potentially hazardous foods must be held at or below **45°F**.
- **Hot holding** - potentially hazardous foods must be held at or above **140°F**.

Cooking temperatures

- Hamburgers, Sausages and other ground meats- **158°F** to ensure destruction of *E. Coli* and other harmful bacteria
- Poultry - **165°F** to ensure the destruction of *Salmonella* bacteria
- Pork - **150°F**

NOTE: Foods found not meeting these temperatures/requirements will be condemned and discarded.

- All foods served must be prepared at the temporary food service operation, or in a facility under permit. **HOME PREPARED FOODS ARE STRICTLY PROHIBITED.**
- NO bare hand contact with ready to eat food items. Workers must wear gloves and or use proper utensils.
- Smoking is prohibited in food areas.
- Hand-washing facilities must be provided/available at each food service tent or booth and include clean water, soap and disposable towels. All wastewater to be contained and disposed in a sanitary manner and not onto the surface of the ground.
- Food stand must be located near adequate toilet facilities; toilet facilities must provide running potable water, soap and disposable towels.
- Accurate 0-220°F metal stem thermometer **must be provided and used**
- At least one person with a valid Food Handlers certificate must be onsite at all times.

A permit to operate is mandatory; operators found without a valid permit or not in compliance with their approved permit application will be ordered closed.