



Tioga County Public Health

Health & Human Services Building | 1062 State Route 38, Owego, NY 13827

Phone: 607-687-8600 | Fax: 607-223-7030 | ph.tiogacountyny.gov

Heather Vroman, MPH, MSEd., Public Health Director



All Temporary Food Service Establishments must meet all the requirements of Part 14-2 of the New York State Sanitary Code. The definition of temporary food service establishments: A place where food is prepared or handled and served to the public, with or without charge, and which operates at a fixed location in conjunction with a single event or celebration.

The following are a few more critical items.

- 1 All establishments serving food must have a valid food service permit. You must have a separate permit for each concession that you operate. Permits are not allowed to be “shared.”
- 2 All foods served will be limited to foods that require only limited preparation. Examples include hamburgers and hot-dogs, etc. Any food such as marinated meats or salads must be prepared at a permitted facility or purchased from a commercial source.
- 3 All potentially hazardous food must be held above 140° F or below 45-degree F. You must have an appropriate stem type thermometer present to monitor food temperatures.
4. All meats must be from a USDA approved source. Spiedies and sausage must have the USDA legend attached.
5. All **bare hand contact of “ready to eat” food must be eliminated.** This may be done using plastic gloves, tongs, spatulas, or other such utensils. Prepared foods that are handled with bare hands (or handled with “gloves” that are contaminated) will be considered contaminated and will be required to be discarded.
6. **Hand washing facilities must be provided and used.** You will be required to always have a minimum of 5 gallons of water on hand for this purpose. This agency may require additional quantities depending on the duration and nature of the event. Warm water, soap and single service towels must be provided for hand washing. See attached sheet for an example of an acceptable hand wash station.
7. You must provide adequate means of disposing of wastewater. A guideline that will be used is that you must provide a capacity for wastewater of 1 ½ times the amount of fresh water provided.
8. Ice must be commercially bagged and held in these bags until dispensed, to protect the ice from contamination.
9. All units and stands will be inspected for general cleanliness. Units that come to events in an unclean condition will be required to be cleaned prior to beginning operation.

If you plan to operate a temporary food service establishment **you are to return the enclosed application, permit fee and Worker’s Compensation and Disability papers as noted in the application at least 2 weeks before your scheduled event.** **There will be an expedited fee of \$25.00 if applications and fees are received within 2 weeks of an event, if able to complete.** **The forms for Worker’s Compensation and Disability should be printed by your insurance agent and are to be included with each application and each event.** No one will be allowed to operate a temporary food service establishment without a valid **Tioga County Public Health** permit. **No permits will be issued the day of the event.**

In the application, you are to list the foods that you will be selling and the source of the foods. If you intend to obtain any food from an approved source, you are to list this source with the permit number of the source and the County issuing the

permit. Your permit will be issued limited to the foods that you apply for. No other foods will be allowed other than those specifically listed on your permit.

Be sure to list the name, email and telephone number of a contact person on your application where required. This agency may need to reach someone should questions regarding your permit application arise. If we are unable to reach you, we may be unable to process your permit and consequently unable to issue the permit.

Payments can be made electronically either online through our website <https://www.tiogacountyny.com/departments/public-health/> or in person. Please be aware, electronic payments will have a service fee of 2.65% with a minimum of \$3.00 per transaction. There is a second electronic payment option (E-check) that is only a flat fee of \$1.50 per transaction. We also accept paper check or cash. Please make your check payable to **Tioga County Treasurer**.

If you have any questions regarding any of the above-mentioned information, please feel free to contact this agency at 687-8565.

**THIS INFORMATION IS ONLY FOR FACILITIES THAT
DO NOT NEED WORKERS COMPENSATION OR DISABILITY**

Instructions to do the CE-200 online:

Website: www.wcb.state.ny.us/formCE-200
Go to: Request for WC/DB Exemption (Form CE-200)-WCB Home Page
Next Page: Select to access web-based Exemption Application
Sign on: Enter a 4-digit PIN, Confirm PIN, Mothers maiden name, and business phone number.
Overview: Read and continue
Overview: Read and continue.
Continued: Fill out application
“Certificates can only be used to attest to a government entity that the applicant requesting a permit, license, or contract is not required to carry Worker’s Compensation and/or Disability benefit coverage.”

Then select to access web-based Exemption Application.

Follow directions and fill in all the necessary information. When you are finished putting in all information, there should be an option to print the Certificate. *You must print that certificate, sign, date and include it with your permit application and fee to Tioga County Public Health, PO Box 120, Owego, NY 13827.*

If you have problems getting onto this website please call the State help desk at 1-866-868-9746.

If you have any further questions, please feel free to call our office directly on 687-8565.

Sincerely,

Daniel Scherrer

Daniel Scherrer
Director of Environmental Health



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Application for a Temporary Food Permit to Operate

Complete all items that apply to your establishment, sign on the last page of this form and return with the appropriate fee **30 days** prior to the expected opening date.

Return to:

Tioga County Public Health
1062 State Rt. 38, PO Box 120
Owego, NY 13827

Temporary Permit:

1 Day Event \$50.00
2-14 Day Event \$80.00
*Non-Profit 0 to 50% of fee
**Non-Profit Fee Exemption if there is no charge for food items.

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

Section A: Facility Information

Facility Name: _____
Facility Street Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email: _____

Facility Status: For-Profit Non-Profit

Name of Event: _____ Location of Event: _____

Expected Opening Date: _____ Expected Closing Date: _____
Hours of Operation: Open _____ am pm Close _____ am pm
Days Sun Mon Tues Wed Thur Fri Sat

Water Supply (Choose one): Public (municipal) Private (onsite) *See [Fee Schedule](#)
Sewage System (Choose one): Public (municipal) Private (onsite)

Section B: Operator/Owner Information

Legal Operator or Operating Corporation: _____
Contact Person (If not Legal Operator): _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Section C: Detailed Food to be Served

Attach additional sheets as necessary.

Name of Food	Supplier of Products/Ingredients	Where & how prepared and served?

Section D: Required Workers' Compensation and Disability

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers' Compensation and Disability Insurance **PROVIDED:**

Workers' Compensation (Choose ONE):

- Form C-105.2-Certificate of Workers' Compensation Insurance
- Form U-26.3-Certificate of Workers' Compensation Insurance
- Form SI-12-Certificate of Workers' Compensation Self-Insurance
- GSI-105.2-Certificate of Participation in Workers' Compensation Self- Insurance

AND

Disability Insurance (Choose ONE):

- DB-120.1-Certificate of Disability Benefits
- Form DB-155-Certificate of Disability Benefits Self-Insurance

B. Workers' Compensation and Disability **NOT PROVIDED:**

- Form [CE-200-Certificate of Attestation of Exemption](#)

Section E: Signature MUST BE COMPLETED

False statements made on this application are punishable under Penal Law.

Failure to sign this form may delay issuance of your permit to operate. Operation without valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effect.: _____ Permit Exp.: _____

Conditions of approval: _____

Signature _____ Title _____ Date _____