



## 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](http://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 degrees Fahrenheit or below 45 degrees Fahrenheit. 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 via [https://payments.municipalpay.com/ny\\_tiogacountyph](https://payments.municipalpay.com/ny_tiogacountyph) 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**

Follow the instructions to apply for Certificate of Attestation of Exemption (CE-200) on the New York State website in link provided: [CE-200 website Link](#)

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 and date on the last page and return with all required documentation and appropriate fee **30 days** prior to the expected opening date to:

**Tioga County Public Health, 1062 State Route 38, Owego, NY 13827**

### Accepted forms of payment:

Cash, check made out to *Tioga County Treasurer*, or electronic payment via:

[https://payments.municipipay.com/ny\\_tiogacountyph](https://payments.municipipay.com/ny_tiogacountyph)

### 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); additional fee, 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 boxes 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 IF 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 IF 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 New York 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 \_\_\_\_\_