

ERIE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**APPLICATION FOR A PERMIT
TO OPERATE A
TEMPORARY FOOD SERVICE ESTABLISHMENT**

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A MISDEMEANOR UNDER PART 14 OF THE NEW YORK STATE SANITARY CODE.

SUBMIT THIS APPLICATION AT LEAST 5 DAYS BEFORE THE FIRST DAY OF OPERATION.

1. EVENT
 - a. Name _____
 - b. Location _____
 - c. City, Town, Village _____
 - d. First and Last Dates of Event _____

2. FOOD STAND
 - a. Name _____
 - b. Location at Event _____
 - c. Foods to be Served _____

3. OPERATOR
 - a. Owner/Corporation _____ Phone _____
 - b. Address _____
 - c. City, Town, Village _____ State _____ Zip Code _____
 - d. Responsible Person _____ Fax _____

4. FEE REQUIRED

No. of Days of Operation	If application is submitted:		
		5 or more days prior to event:	4 or less days prior to event:
1-3	fee is \$106	fee is \$146	Cash
4-7	\$120	\$160	Check
8-14	\$150	\$190	Money Order
Frozen Dessert Machine	\$25	\$25	Total Fee: \$ _____

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE TEMPORARY FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE. APPLICANT ALSO ACKNOWLEDGES THAT WORKER'S COMPENSATION AND DISABILITY INSURANCE ARE IN FORCE AS REQUIRED.

5. SIGNATURE
 - a. Owner/Operator _____
 - b. Title _____ Date _____

FOR DEPARTMENT USE

Permit Recommended Yes No Valid from _____ to _____ Permit No. _____

Foods Allowed _____

Permit Conditions _____ Inspector _____

