



MONROE COUNTY HEALTH DEPARTMENT
FOOD PROTECTION – ROOM 1020/ 111 Westfall Road
P.O. Box 92832
Rochester, New York 14692 (585) 753-5553

GAZ. No. _____
 REC. No. _____
 CK. No. _____ \$ _____
 Dated: _____

2009 APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT
 In accordance with subpart 14-2 of the New York Sanitary Code

This application must be submitted and approved at least 10 days prior to the event. The fee is per booth per event. The fee must accompany this application payable by cash, check or money order to the Monroe County Health Department. Please note that a \$18.00 late fee will be applied after the above specified time limit. Complete one form per event per booth. (Fee waiver forms are available for charitable, non-profit organizations. The required forms must be submitted & approved by this office prior to the event. (Those who are already on our Waiver List DO NOT NEED to apply again). LOW RISK – FEE IS \$55.00 PER BOOTH PER EVENT (1-14 days)
FEES: \$55.00 (1 DAY EVENT) \$85.00 (2-3 DAY EVENT) \$115.00 (4-14 DAY EVENT) LATE FEE: \$18.00

1. EVENT INFORMATION

_____ date from: ___/___/___ to: ___/___/___
 title of event/festival

_____ city/ town
 festival location (street address)

_____ serving date and time
 name of food booth

2. OPERATOR'S INFORMATION (please print)

_____ (_____) _____
 name of organization, company, person etc. responsible for booth operation) phone no.

_____ city _____ state _____ zip
 address

_____ Cert. No. _____ exp. date: ___/___/___
CERTIFIED FOOD WORKER NAME(if applicable) – You **MUST** include a copy of your current Certificate/Card

3. FOOD INFORMATION (HOME PREPARED FOODS ARE NOT ALLOWED)

Hot foods: _____

Cold foods: _____

Beverages: _____ prepackaged/bottled: _____ drink mixes: _____ ice: _____

Where are the foods/beverages to be prepared: on site? _____ If not, name of approved facility: _____

What type of equipment will be used for transportation? Hot foods: _____

Cold foods: _____

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Signed _____ **Date of Application** _____
 (Must be signed by operator)

Print Name _____

THIS IS NOT A PERMIT TO OPERATE!...a temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).