



Andrew J. Spano
County Executive

Department of Health
Joshua Lipsman, M.D., M.P.H.
Commissioner

HEALTH REQUIREMENTS FOR FOOD SERVICE OPERATIONS
OF NOT MORE THAN 14 DAYS
AT FAIRS, CARNIVALS, FESTIVALS AND EXHIBITIONS

In order to operate a safe Temporary Food Service Operation the following practices must be strictly adhered to:

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A	Cold Foods 45°F or below (at all times)
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<u>F O O D</u>	
T	Hot Foods 140°F or above (during holding, transport display or service)
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E	Cooking temperatures:
R	hamburgers 158°F (well done) to ensure
A	sausages and other destruction of E-coli and
T	ground meats other harmful bacteria
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R	chicken 165°F to ensure destruction of
E	Salmonella bacteria
S	

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

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All foods served must be prepared at the temporary food service operation, or in a facility under permit.
HOME PREPARED FOODS ARE STRICTLY PROHIBITED!!

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Ready to eat foods can be handled by food worker only if wearing gloves. Tongs or spatulas may be used in lieu of gloves.

Smoking is prohibited in food areas.

Facilities must be available for hand washing at each food service tent or booth - clean water, soap, paper towels.

Food stand must be located near adequate toilet facilities, toilet facilities must provide running potable water, soap and disposable towels.



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Permits to operate are mandatory.

Operators of any food service without a required permit or not in compliance with your permit application will be ordered closed.

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All operators must have adequate equipment to maintain safe food temperatures.

Accurate metal stem probe thermometers must be provided and used by all temporary food service vendors to ensure that hot foods are maintained hot (above 140°F) and cold foods are kept cold (below 45°F).

Food is to be protected from dust, flies and handling by customers.

Ice shall be handled in a sanitary manner. ICE STORAGE ON GROUND IS STRICTLY PROHIBITED. Food or beverage containers when stored in ice for refrigeration must be on drained ice. No wet storage allowed.

Each temporary food service operator is responsible for clean-up and garbage removal.



Robert P. Astorino, Westchester County Executive
Board of Legislators

Notice to applicants for a permit to operate a Temporary Food Service Establishment

Provisions of the Westchester County Sanitary Code require that before issuance of a permit to operate a Temporary Food Service Establishment, the following documents must be filed with this department:

1. Applications for Temporary Food Service Establishment Permit including Method of Operation Application (both attached).
2. A Certificate of Resolution for Authorization **if** the owner is incorporated (attached) Corporate Seal must be affixed to document.
3. Workmen's Compensation/Disability Insurance Certification.

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✓ All foods served must be prepared at the temporary food service operation, or in a facility under permit. **Home prepared foods are strictly prohibited.**

✓ Ready to eat foods can be handled by food worker only wearing gloves. Tongs or spatulas may be used instead of gloves.

✓ Smoking is prohibited in food areas.

✓ Facilities must be available for handwashing at each food service tent or booth - clean water, soap, paper towels.

✓ Food stand must be located near adequate toilet facilities, toilet facilities must provide running potable water, soap and disposable towels.

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✓ **Permits to operate are mandatory.**

✓ Operators of any food service without a required permit or not in compliance with your permit application will be ordered closed.

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- ✓ All operators must have adequate equipment to maintain safe food temperatures.
- ✓ Accurate metal stem probe thermometers must be provided and used by all temporary food service vendors to ensure that hot foods are maintained hot (above 140 degrees farenheight) and cold foods are kept cold (below 45 degrees farenheight).
- ✓ Food is to be protected from dust, flies, and handling by customers.
- ✓ Ice shall be handled in a sanitary manner. Ice storage on ground is strictly prohibited. Food or beverage containers when stored in ice for refrigeration must be drained ice. No wet storage allowed.
- ✓ Each temporary food service operator is responsible for clean-up and garbage removal.

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) Be legally exempt from obtaining workers' compensation insurance coverage; or
- B) Obtain such coverage from insurance carriers; or
- C) Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.

OR

B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR

C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Continued.....

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.
OR

B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); OR

C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

4. Application Fee: The non-refundable application fee for the issuance of a Temporary Food Service Establishment Permit is **sixty-five dollars (\$65.00)**.

Submit a check or money order payable to:
Westchester County Department of Health

DO NOT SEND CASH

APPLICATION FOR A TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT

(Please print or type)

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate a Temporary Food Service Establishment that will be in operation for not more than 14 consecutive days,

To be known as: _____
(Actual Name of Event)

at _____
(include street address, municipality and zip code)

during the following dates and times of operation _____

1. Name of Applicant _____
(If corporation, state corporation name)

Address _____
(Include street address, municipality and zip code)

Business phone _____ Home phone _____

If partnership, corporation, or unincorporated association, list the names, titles and addresses of all partners or officers:

2. Name and address of food preparation area (if not at site): _____

3. Workers' Compensation and Disability Coverage

If you provide Workers' Compensation coverage, give:

Name of Insurance Company _____

Policy Number _____ Expiration Date _____

If you are required to provide Disability coverage, give:

Name of Insurance Company _____

Policy Number _____ Expiration Date _____

Or _____ A representative of Workers Compensation Board has endorsed as received Form WC/DB-100 stating that such coverage is not required.

- 4. I agree to comply with all applicable requirements of the Westchester County and New York State Sanitary Codes.
- 5. I agree not to prepare any food at home.
- 6. I certify that I have read and agree to follow all requirements as stated in Health Requirements For Food Service Operations Form TFSE 1-97.

Authorized Signature _____

Name _____

Title _____ Date _____

*Note: Person signing for a corporation or unincorporated association must show authorization by submitting a Certificate of Resolution of the Board of Directors (form attached).

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 _____

Make checks or money orders payable to: Westchester County Department of Health

FOR OFFICE USE ONLY

Approved _____ Rejected _____ Date _____

Inspector Name and Number _____

Date of Inspection _____

METHOD OF OPERATION APPLICATION
TEMPORARY FOOD SERVICE ESTABLISHMENTS

1. Type(s) of food to be prepared and served: _____

2. Shellfish (clams, oysters, mussels) being served: _____

A) Name of shipper, tag number: _____

B) Place of purchase: _____

3. Name and address where food is pre-prepared (if applicable): _____

4. Where will food be cooked: _____

5. How will food be cooked: _____

6. How will food be kept hot: _____

7. How will food be kept cold: _____

8. Utensils used for food service (gloves, tongs, etc.): _____

9. Type and construction of food preparation area: _____
(overhead protection is required)

10. Are toilet and hand washing facilities provided: _____

11. Source of water supply, type of containers to be used: _____

12. Method of wastewater disposal: _____

13. Approved source of ice, give name: _____

14. Method of refuse storage and disposal: _____

Special Note: 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.

Reviewed and approved by: _____
(Inspectors name)

Date: _____

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION

Supplement to be Completed as Part of the Application

SOURCE OF FOOD SUPPLY

ITEM	FIRM	ADDRESS	CITY, STATE
MEAT			
FISH			
DAIRY PRODUCTS			
CANNED PRODUCTS			
BEVERAGES			
OTHER			

Food Manager's Certification Course (Please print clearly)

Have you taken the Food Manager's Certification Course ____ yes ____ no

If yes, name the person who took the course _____

Social Security number of the person who took the course _____

Institution where the course was taken _____

Date the course was taken _____

CERTIFICATE OF RESOLUTION
FOR AUTHORIZATION

The Undersigned, _____ of _____
Name of Corporation _____, a corporation

Duly organized and validly existing under the laws of (State) _____
Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said
Corporation, at a meeting duly called and held on the _____ day of _____ 20____.

Be it resolved that the Board of Directors, or President if there is no Board of Directors, of (Name
of Corporation) _____

With offices at: _____
Hereby authorizes (Name if person authorized): _____

To execute and deliver to the Westchester County Department of Health, for and on behalf of said
corporation, and application for a permit to operate a (type of operation): _____

_____ to execute and deliver any and all additional documents which may be appropriate or desirable in
connection therewith.

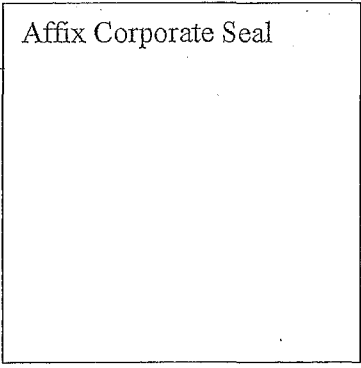
The undersigned further certifies that said resolution has not been revoked, rescinded or modified
and remains in full force and effect on the date hereof.

In WITNESS WHEREOF, the undersigned has duly executed this certificate
This _____ day of _____, 20____.

OFFICER'S SIGNATURE: _____

TITLE: _____

ACKNOWLEDGEMENT



STATE OF _____)

COUNTY OF _____): ss:

On this _____ day of _____, 20____, before me personally came _____
to me known, and known to me to be the _____ of
_____ the corporation referred to in the within
Certificate of Resolution, who being by duly sworn did depose and say that (s)he is _____
of said corporation and that (s)he signed his/her name thereto.

NOTARY PUBLIC

COUNTY

FEES WILL BE DETERMINED BY THIS DEPARTMENT UPON INITIAL
INSPECTION WHEN APPROPRIATE CATEGORY AND SEATING CAPACITY
ARE DETERMINED

A Combined Fee is Required for More Than One Operation.

Please make checks or money orders payable to:
WESTCHESTER COUNTY HEALTH DEPARTMENT

Cash Payments are NOT Accepted

BE SURE APPLICATIONS ARE COMPLETE. SUBMIT ALL REQUIRED PAPERS
PRIOR TO OPERATION TO AVOID DELAY

Return the completed application and ALL Supporting documents to (please place a check in the box of the address you are using):

Westchester County Health Department
Bureau of Public Health Protection
Yonkers District Office
20 South Broadway -- 4th Floor
Yonkers, NY 10701
914-231-2975

Westchester County Health Department
Bureau of Public Health Protection
New Rochelle District Office
145 Huguenot Street
New Rochelle, NY 10801
914-813-5134

Westchester County Health Department
Bureau of Public Health Protection
Mount Kisco District Office
118 North Bedford Road, Rm. 100
Mt. Kisco, NY 10549
914-864-7331