Application for Permit(s) to Operate Temporary Food Service Cattaraugus County Health Department

Section A: Owner/Operator Information				
Permit Application Operating Corpora				
Person in Charge	First	M.I. Last		
Legal Address _			Total Fee:	
_			SSN or EIN Number	
City,State,Zip _			SSN EIN Number(Circle One)	
Other Name(s)	to print on Permit:		Phone	
E-mail address			Home Cell Other (Circle One)	
Section B: Pleas	e list all Events for whic	ch Permits are needed.		
Event/Location Ad	dress	Operation Name	Dates/Hours of Operation	
Section C: FOODS	S (Please attach additional	foods served info for each	event listed, if different)	
Name of Food	Supplier of Ingredients	Where and How food will be	e prepared and served, How kept Hot/Cold	
Will all food prepar	ration be at the concession?	Yes No		
If not, please desc	ribe:			

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FOR OFFICE USE ONLY

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Section D: Workers' Compensation and Disability Insurance Submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law: A. Workers Compensation and Disability Insurance Coverage is PROVIDED Workers Compensation Form C-105.2 - Certificate of Worker's Compensation Insurance OR Form U-26.3 – Certificate of Workers' Compensation Insurance OR Form SI-12 - Certificate of Workers' Compensation Self-Insurance OR GSI - 105.2 - Certificate of Participation in Workers' Compensation Group Self-Insurance AND **Disability Benefits** DB-120.1 - Certificate of Disability Benefits OR Form DB-155 - Certificate of Disability Benefits Self-Insurance B. Workers Compensation and Disability Insurance Coverage is NOT PROVIDED Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage Please return completed application to: **Cattaraugus County Department of Health Environmental Health Division** 1 Leo Moss Dr. Olean NY 14760 (716) 373 - 8050 Section E: Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.) Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code. False statements made on this application are punishable under the penal Signature ______Title _______Date ___ Print Name FOR OFFICE USE ONLY Yes No Number of Permits Issued _ Permit issuance recommended? Conditions of approval ___ Signature Date _ _____ Title ___

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Temporary FSE Application Checklist



Please review each item below and check the boxes indicating that you have everything necessary for your temporary food service operation.

Tem	porary Food Service Setup
	Potable water for cooking/cleaning will be supplied from a municipal water supply or other Health Department approved source. Ice used for food/drinks and storage will be made with potable water, or purchased from a retail ice supplier.
	Note: If your event organizer does not provide potable water hook-ups for your food service operation, you are responsible for providing potable water to meet you operation's needs. Please coordinate with your event organizer and plan accordingly.
	Electrical capacity at the event will be sufficient to run all food service equipment throughout the event.
	Note: If your event organizer does not provide enough amperage to power your equipment without triggering breakers, you must provide a generator to meet your operation's needs. Please coordinate with your event organizer and plan accordingly.
	All garbage and wastewater generated during the food service operation will be handled in a sanitary manner. Garbage will be kept in cans or similar containers during operation and properly disposed of after the event. Wastewater will be captured in holding tanks and emptied to a wastewater treatment system whenever necessary. Wastewater will not be discharged to storm sewers or the ground surface.
	Handwashing facilities will be provided for food service workers to use during operation.
	Note: At least one handwashing station must be provided for each food prep area during the event. Regular handwashing during operation is necessary to prevent the spread of foodborne illness. Food service workers should not have to leave their station to wash their hands. At a minimum, you must provide a method to provide running, potable water (ex. a bucket of warm water with a spigot), soap, disposable paper towels, and a catch basin for wastewater.
	Toilet facilities for use by food service workers will be available within a reasonable distance from the food service operation.
	Dishwashing facilities will be provided for any re-usable utensils used for cooking/food service. Disposable single service articles will be provided to patrons.
	Artificial lighting will be provided for any night-time operations so that all parts of the food preparation area are well lit and easily visible.

All food service workers are familiar with basic food safety practices and the Sanitary Code requirements for Temporary Food Service Establishments (Subpart 14-2).
Note: If your operation will be serving "medium risk" or "high risk" foods, you must provide proof that you or your food service manager has completed an approved Certified Food Protection Manager training course (ServSafe Manager or equivalent) with your application.
Any ill food service workers will be excluded from the operation to prevent the spread of foodborne illness. All food service workers will wash their hands with soap and water regularly during operation, and immediately after using the toilet, smoking, or eating. Smoking and eating will not be permitted in the food preparation area.
All food preparation will be conducted on-site, or in a Health Department approved commercial kitchen.
Note: Food preparation in home kitchens is strictly prohibited. If food will be prepared off-site, please provide the name/address of the kitchen facility:
A temperature log book must be kept for any TCS ₁ foods prepared off-site, which shall include shipping/receiving times and food temperatures.
Food and food service equipment will be protected from contamination at all times during operation, including storage, preparation, and display to patrons. Bare hand contact with ready-to-eat food will be prevented by using disposable food service gloves and/or utensils.
Enough cold storage equipment will be available on-site to maintain cold holding temperature (45 degrees F or lower) for all cold TCS ₁ foods, at all times during operation.
Note: If coolers with ice are utilized as a method of cold storage, they must be drained so that packaged food is not submerged.
Enough hot holding equipment will be available on-site to maintain hot holding temperature (140 degrees F or higher) for all hot TCS ₁ foods, at all times during the operation.
Metal stem-type food service thermometers or thermocouples will be provided on-site to evaluate food temperatures during operation.

Food Handling During the Event

TCS – Time/Temperature Controlled for Safety. TCS Foods include: poultry, beef, pork, lamb, other meat, fish, shellfish/crustacea, eggs, milk, all cooked vegetables, cooked rice & noodles, cut/prepared fresh fruits and vegetables including melons, tomatoes and salad greens; cream pastries, cream/custard pies and tarts, pudding prepared from a mix or from scratch, all gravies, all soups.



CATTARAUGUS COUNTY HEALTH DEPARTMENT



SPECIAL NOTICE

New York State Workers' Compensation/Disability Benefits <u>Insurance Requirements</u>

Effective December 1, 2008, the New York State Workers' Compensation Board (WCB) has replaced Form WC/DB-100 (previously used to demonstrate exemption from WC/DB insurance requirements) with the new Certificate of Exemption (Form CE-200). Consequently, every permittee MUST EITHER:

A) Provide current insurance policy information (see application section G)

OR

B) File a current Certificate of Exemption (CE-200) form with your Department of Health permit application.

Failure to provide complete and accurate information about Workers' Compensation/Disability Insurance, or proof of exemption, will preclude the Health Department from issuance/renewal of your permit. Current forms must be attached to your application each year or the permit will be denied in accordance with the New York State Workers' Compensation Law (NYSWCL).

An overview that clarifies the requirements and the CE-200 exemption form can be found on the WCB website (www.wcb.ny.govicontentiebiziwc_db_exemptions/requestExemptionOverview.jsp). New instructions for obtaining a certificate of exemption through the NY Business Express website are printed on the reverse side of this notice.

If you have questions or need assistance you must call (518) 485-5000.

The majority of these forms will be processed electronically. Applicants with internet access must complete the questionnaire online and print a copy of the CE-200 exemption to enclose with your permit application. Applicants without internet access should call the help line number above to request a paper form for mailing. However, be advised that mail applicants may wait up to <u>four weeks</u> before receiving their approved CE-200 form. To avoid delays, ALL applicants are strongly encouraged to use the online form. Therefore, if you do not have a computer with internet access, we suggest you visit your local public library to use one.

Certificate of Attestation of Exemption (CE-200)



Not-for-profit organizations can use New York Business Express (NYBE) to obtain and file a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200).

Follow these steps:

- 1. Go to businessexpress.ny.gov.
- Select Log in/Register in the top right-hand corner.A NY.gov Business account is required.
- 3. If you do not have a NY.gov business account, go to step 4 to set up your account.
 If you have a NY.gov log-in and password, go to step 14.
- 4. Select Register with NY.gov under New Users.
- Select Proceed.
- **6.** Enter the following:
 - First and Last name
 - Fmail
 - Confirm email
 - Preferred username (check if username is available)
- 7. Select I'm not a robot.
 - You may have to complete a Captcha verification before proceeding.
- Select Create Account.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.

8. (Continued)

- Do one of the following:
 - If the account(s) shown is a NY.gov <u>Individual</u> account, select **Continue**.
 - If the account(s) shown is a NY.gov <u>Business</u> account, select **Email Me the Username(s)**.
- **9.** Verify that the account information is correct.
 - Select Continue.
- 10. An activation email will be sent.
 - If you do not receive an email, see the **No Email** Received During Account Creation page.
- 11. Open your activation email and select Click Here.
 - Specify three security questions.
 - Select Continue.
- **12.** Create a password (must contain at least 14 characters).
- **13.** Select **Set Password**. You have successfully activated your NY.gov ID.
- **14.** Select **Go to MyNy**:
 - At the top of the screen, select **Services**.
 - Select **Business**.
 - Select New York Business Express.
 - Select Log in/Register.

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Certificate of Attestation of Exemption (CE-200)



- **15.** On the New York Business Express home page, do one of the following:
 - Scroll down to Top Requests and select
 Certificate of Attestation of Exemption or
 - Search Index A-Z for *CE-200*.
- 16. Under How to Apply:
 - Select **Apply as a Business**.
- **17.** At the **Entity Type** screen:
 - Select **Corporation** not-for-profits are formed under corporation law.
 - Select C or S Corp. All corporations are a C Corp unless otherwise filed with the Department of State.
 - Select Save & Continue.
- **18.** At the **Business Identification** screen:
 - Enter the legal name.
 - Enter the federal Employer Identification
 Number
 - Select Save & Continue.
- **19.** At the **Business Physical Location** screen:
 - Enter the business physical address.
 - Select the **This is Also my Mailing Address** button, if applicable.
- **20.** At the **Additional Physical Locations** screen:
 - Select Save & Continue.
- **21.** At the **Mailing Address(es)** screen:
 - Enter the mailing address.
 - Select **Save & Continue**.
- **22.** At the **Business Industry Classification** screen:
 - Search for appropriate principal NAICS code. No secondary NAICS code is neccessary.
 - Select Save & Continue.
- 23. At the Officer/Shareholder screen:
 - Enter the corresponding information.
 - Select Save & Continue

- **24.** At the Workers' Compensation and Disability and Paid Family Leave screen, answer these questions:
 - Do you have New York Workers' Compensation Insurance?
 - Do you have New York Disability and Paid Family Leave Benefits Insurance?
 - Select Save & Continue.
- **25.** At the **License**, **Permit**, **or Contract Information** screen:
 - Select the appropriate license, permit, or contract, or select **Other** and enter the information.
 - Enter the issuing agency.
 - Select Save & Continue.
- **26.** At the **Workers' Compensation Exemption Reason** screen:
 - Select the appropriate exemption reason.
 - Select Save & Continue.
- 27. At the Disability and Paid Family Leave Exemption Reason screen:
 - Select the appropriate exemption reason.
 - Select Save & Continue.
- 28. At the Applicant screen:
 - Select a previously entered individual from the drop-down, or select **Other** and enter a new applicant.
 - Select Save & Continue.
- 29. Review the Application Summary.
- 30. Attest & Submit.

You will receive an email when your certificate has been issued. To view your certificate:

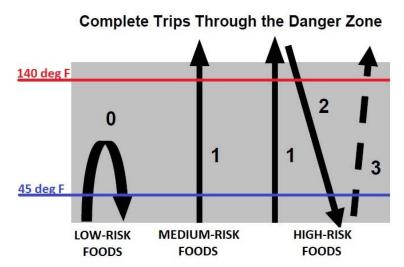
- Select Access Recent Activity from your email, or access businessexpress.ny.gov and then access your Dashboard (under your login name on right).
- Print and sign the Certificate of Attestation of Exemption.
- Submit your CE-200 for your license, permit or contract to the issuing Agency.

Questions? Call the NYBE Contact Center: (518) 485-5000.

Risk Category Worksheet



Facility	y/Operation Name:
Check	the one (1) risk category that applies to your proposed operation:
	LOW RISK – "Low-Risk" food service establishments serve primarily non-TCS ₁ foods (foods that do not need refrigeration), or TCS ₁ foods requiring little to no processing (pre-cooked or no-cook foods) prior to service. Examples of common "low-risk" foods include hot dogs, pre-cooked hamburgers/sausage, pizza with only cheese and pepperoni toppings, popcorn, candy and most baked goods.
	MEDIUM RISK – "Medium-Risk" food service establishments serve TCS foods requiring limited on-site processing (cook-and-serve). Examples of common "medium-risk" foods include hamburgers/sausage cooked from raw products, specialty pizzas, BBQ chicken, fish fries, deli sandwiches/subs, and any cooked vegetable-based dishes and sliced tomatoes.
	HIGH RISK – "High-Risk" food service establishments serve TCS foods requiring significant processing (multiple cooking, cooling, and reheating steps) and/or involving transport of hot/cold ready-to-eat meals off site for service. Examples of common "high-risk" foods include many soups, roasted/smoked meats, potato/pasta salads, any raw meats, raw seafood, and any food items that are prepared ahead of time and reheated prior to service. "High-Risk" food service establishments might also include facilities which primarily serves food to a vulnerable population such as pre-school age children, the elderly or the infirmed.



Please include a copy of your proposed menu with your application materials. If you are unsure of what Risk Category applies to your facility or if you have any questions please contact the Cattaraugus County Health Department at (716) 701-3386.

TCS – Time/Temperature Controlled for Safety. TCS Foods include: poultry, beef, pork, lamb, other meat, fish, shellfish/crustacea, eggs, milk, all cooked vegetables, cooked rice & noodles, cut/prepared fresh fruits and vegetables including melons, tomatoes and salad greens; cream pastries, cream/custard pies and tarts, pudding prepared from a mix or from scratch, all gravies, all soups.



NOTICE

Proof of Completion of a Certified Food Protection Manager Course is Required for All Medium-Risk and High-Risk Permits

Cattaraugus County requires all medium-risk and high-risk food service permit applicants to provide proof that a manager/supervisor has completed an ANSI-CFP accredited "Certified Food Protection Manager" course at the time of application. Both in-person and online classes are acceptable.

Failure to provide proof of training when required will result in delays or denials of your food service permit. No exceptions will be granted.

The following list of training courses are acceptable. Other ANSI-CFP accredited training courses not listed here will also be accepted.

Online Options:

- Food Safety Manager Training StateFoodSafety.com
 - https://www.statefoodsafety.com/food-safety-manager-certification#/
- Learn2Serve Food Safety Manager Principles Training 360training.com
 - https://www.360training.com/food-beverage-programs/food-manager-certification
- ServSafe Manager Online Course National Restaurant Association
 - https://www.servsafe.com/ServSafe-Manager
- Food Protection Manager Always Food Safe
 - https://alwaysfoodsafe.com/
- Food Safety Manager Certification National Registry of Food Safety Professionals
 - https://www.nrfsp.com/exam-center/manager/
- Certified Professional Food Manager Prometric
 - https://www.prometric.com/cpfm-exam

Is Your Application Complete?

- Completed Temporary Food Service Establishment Application Form (2 Pages)
- Temporary FSE Application Checklist (2 Pages)
- Risk Category Worksheet (1 Page)
- Proof of Certified Food Protection Manager Training (for Medium & High Risk Operations)
- Workers' Compensation & Disability Insurance Forms (or Certificate of Exemption)
- Permit Fee (see schedule below)

Permit Fee Schedule

Temporary food service permit fees are defined by the risk level of your operation. Please refer to the "Risk Category Worksheet (FS-1)" to determine the risk level of your proposed operation.

Operation Risk Level: High Risk \$85.00

Medium Risk \$65.00 Low Risk \$55.00

Additional surcharge if application \$30.00

is received within 5 days of the event:

Please Stop in Our Office or Mail Your Completed Application Packet to:

Cattaraugus County Health Department Attn: Environmental Health 1 Leo Moss Drive, Suite 4010 Olean, New York 14760-1154

Questions? Contact our office at (716) 701-3386 during regular business hours (Mon-Fri, 8:00am-5:00pm)