



Andrew J. Spano, 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. Application 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. Proof that you carry Workmen's Compensation and Disability Benefits Insurance by completing the questions under #3 on the application form.

New York State Labor Law mandates that anyone applying to obtain a permit from a government agency must show proof of workers compensation and/or disability insurance or submit an affidavit from the Workers Compensation Board stating that such insurance is not required.

In general, insurance coverage is needed if a business has employees other than the owners or partners (a maximum of two people), or if there are more than two officers in the corporation. Coverage is required for family members if they are employees and are not listed as owners on the business certificate on file with the County Clerk's office. Contact the local Workers Compensation Board at the number listed below for specific information regarding these requirements.

If coverage is not mandated, then the permit applicant must complete an affidavit, Form WC/DB-100. The notarized form must be mailed or faxed to the local Workers Compensation Board for approval. The approved, stamped form must then be submitted to the Westchester County Department of Health.

Form WC/DB 100 can be obtained from the Workers Compensation Board or from the Department of Health staff.

The affidavit is valid for one year only and must be resubmitted annually to the Workers Compensation Board for approval. A copy of this approved affidavit must also be submitted to the Department of Health. This office will not accept unapproved copies.

The address and telephone number of the local Workers' Compensation Board in Peekskill is listed at the top of Form WC/DB-100. Questions concerning the form may be directed to the local board at telephone number 866-746-0552

**DEPARTMENT OF HEALTH**  
Joshua Lipsman, M.D., M.P.H., Commissioner

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**

**NOTICE**

If you operate a Temporary Food Service Establishment without a valid permit, you are in violation of Article V, Section 873.441 of the Westchester County Sanitary Code and subject to immediate closure and all penalties as prescribed by law.

**BE SURE APPLICATIONS ARE COMPLETE**

**SUBMIT ALL REQUIRED PAPERS PROMPTLY TO AVOID DELAY**

Return the completed application and ALL Supporting documents to:

Westchester County Health Department  
Bureau of Public Health Protection  
Yonkers District Office  
20 South Broadway – 4<sup>th</sup> 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

**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			