



Columbia County Department of Health

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COLUMBIA COUNTY DEPARTMENT OF HEALTH REQUIREMENTS FOR TEMPORARY FOOD SERVICE VENDORS

Follow this checklist to insure a safe, smooth temporary food event.

- 1) You must apply and secure a temporary food service permit from the Columbia County Environmental Health Department before vending any food items within Columbia County. **A temporary food permit is valid for one event lasting 14 days or less and requires a \$50.00 fee. Religious and fraternal organizations are fee exempt.**
- 2) **Only those foods that require limited preparation**, such as quick cook and serve items, are allowed to be served at a temporary food event. (e.g. sausage, hot dogs, hamburgers, etc.) Other potentially hazardous ** food items must be reviewed and approved by the Permit Issuing Official prior to the event.
- 3) **THERMOMETERS:** A metal stemmed, numerically scaled thermometer or thermocouple is required to check applicable food temperatures.
- 4) **FOOD DISPLAY:** Foods must be protected from contamination at all times including preparation, storage and display to patrons. Set up your food booth to minimize patron contamination; prepare and cook towards the back of the booth and serve patrons from the front of the booth.
- 5) **FOOD PREPARATION:** All ready to eat foods which will not be reheated must be prepared and served without bare hands contact. **Suitable utensils and/or sanitary disposable gloves must be used for all ready to eat foods.**
- 6) Ice must be from approved sources and made from potable water. Ice is to be properly bagged in single use wet strength plastic bags until the time of use. Foods may not be stored in undrained ice. Freezer packs such "Blue Ice" or Artic Ice" are also acceptable. Mechanical refrigeration is recommended for storage of potentially hazardous foods at events lasting more than one day. Thermometers are required in all refrigeration units.
- 7) **WATER:** An adequate supply of **potable** water must be on-site for cooking, cleaning and drinking. Water must be from an approved public water source or purchased bottled water.
- 8) Single-service articles are to be furnished to patrons at all times during the temporary food event.
- 9) **STORAGE:** All food items, utensils, food equipment and single-service items must be stored at least six inches above ground level within your food booth.

(OVER)

- 10) **LIGHTING:** If food operations are conducted at night, adequate artificial lighting must be supplied. Lighting must be shielded, coated or otherwise shatter resistant.
- 11) **HANDWASHING FACILITIES:** All temporary food establishments must be equipped with hand washing facilities supplied with soap, potable water and disposable paper towels.
- 12) **WASTE WATER DISPOSAL:** All sewage waste, including liquid waste, must be disposed of in a sanitary sewer, approved septic system or holding tank.
- 13) **GARBAGE:** Adequate garbage containers with plastic liners must be supplied to all temporary food booths.
- 14) Floor surfaces in temporary food booths must be constructed of concrete, asphalt or other easily cleanable material. Dirt areas should be covered with cleanable wood platforms or duckboards.
- 15) Adequate ceilings of wood or canvas must be used to protect the food booth from the weather.
- 16) Foods must be protected from contamination, including maintenance of hot or cold temperatures at all times during transportation to the temporary event site.

SANITARY OPERATION OF THE FOOD BOOTH

- 1) Wash your hands often. Minimize the handling of food.
- 2) Keep food covered in storage. Do not store food or food items on the ground or floor.
- 3) **SANITIZING:** Clean and sanitize counters and food equipment routinely throughout the day. Wiping cloths for cleaning shall be stored in sanitizing solution.
- 4) **TEMPERATURES:** Proper temperature control is mandatory. All potentially hazardous foods (*see definition below) must be prepared, stored, transported and served at temperatures of 45°F or below for cold foods and 140°F or above for hot foods.

A temporary summer festival or carnival can be safe and filled with fun. Following the preceding rules is essential in making that happen.

***"Potentially hazardous food" means any food that consists in whole or in part of milk, eggs, meat, poultry, fish, shellfish, cooked potato and rice or foods that support the rapid growth of bacteria.

GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

Facility Status: Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

Facility Type: From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

Facility Types:

Agricultural Fairgrounds

Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

Campground/Recreational Vehicle Park

Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

Mass Gathering

Migrant Farm Worker Housing

- Farm Labor Housing

Mobile Home Parks

Mobile Food

Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

Tanning Facility

Temporary Food

Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

Vending Food Machines

State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

Water Supply/Sewage System: Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

Operations under this registration: Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

Expected Opening/Closing Date: Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

Days of Operation: Check each box for the day(s) the facility will be open under routine operation.

Hours of Operation: Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

SECTION B: Operator/Owner Information

Name of Legal Operator or Operating Corporation (Person in Charge): Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

Permanent Address of Operator and Telephone Number: Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

Employer Identification/Social Security Number: Enter the **Employer Identification or Social Security Number** of the operator of the facility.

Email Address and Fax No.: Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

Name of Owner: Enter the name of the owner of the facility if different from the operator.

Permanent Address of Owner and Telephone Number: Enter the mailing address and telephone number of the owner if different from the operator.

SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**

Application for Permit(s) to Operate Temporary Food Service

Columbia County Department of Health

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: Columbia County Department of Health
Environmental Health
325 Columbia Street
Hudson NY 12534
(518) 828 - 3358

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 law.

Signature _____

Print Name _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Number of Permits Issued _____

Conditions of approval _____

Signature _____ Title _____ Date _____



Workers' Compensation and Disability Insurance Requirements for Obtaining a Department of Health Permit

Before a Department of Health permit can be issued, you must prove compliance with NYS Workers' Compensation AND Disability and Paid Family Leave Benefits Insurance requirements.

If You Maintain Worker's Compensation and Disability Insurance Coverage

The following forms must be submitted with each permit application:

<p>1. Workers' Compensation Submit one from this list:</p>	<p>2. Disability Insurance Submit one from this list:</p>
<ul style="list-style-type: none"> • Form C-105.2 (issued by your insurance carrier) • Form U-26.3 (issued by the State Insurance Fund) • Form SI-12 • Form GSI-105.2 	<ul style="list-style-type: none"> • Form DB-120.1 (issued by your insurance carrier) • Form DB-155

Where do I get these forms?

Contact your insurance carrier for these forms.

Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application. We are unable to substitute insurance forms submitted with recent permit applications.

The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

If You Do Not Maintain Workers' Compensation and/or Disability Insurance Coverage

Please provide a **CE-200 Attestation of Exemption Certificate**. Follow the instructions at www.wcb.ny.gov/content/ebiz/wc_db_exemptions/How-to-Obtain-Certificate-of-Exemption.pdf. Or, call the NYS Workers' Compensation Board at 866-298-7830. Please note, it can take up to 8 weeks to process this request.

Questions about health department permit requirements:

Contact your health department
www.health.ny.gov/EnvironmentalContacts

Questions about Workers' Compensation and Disability forms:

Workers' Compensation Board Office
518-462-8880 or 877-632-4996

Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. 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 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - 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.
8. Select **Create Account**.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business 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 eight 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**.
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, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and 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.



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USE OF COMMISSARY/SHARED KITCHEN AGREEMENT VERIFICATION

All Food Service Establishments must operate out of an approved kitchen. Many food service operations, such as Mobile Food Vendors, Caterers and Temporary Food Vendors utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors with each permit application.

Applicant Information: Business Name: _____
Owner/Operator Name: _____ Title: _____
Address: _____ City: _____ Zip Code: _____
Email: _____ Phone: () _____

I, _____, hereby state that the information on this form is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with Chapter 1, Subpart 14-1 of the New York State Sanitary Code. (Note: if the Commissary Agreement is modified or canceled, and a new commissary Agreement is not provided to this office, your permit to operate a food service operation will be subject to suspension or revocation).

Signature of Applicant Date

Commissary Information: Business Name: _____
Address: _____ City: _____ Zip Code: _____
Commissary Owner Name: _____ Title: _____
Email: _____ Phone: () _____

I hereby certify that an agreement exists between (Name of Vendor) _____ and (Name of Commissary) _____ to use my facility as a commissary kitchen. The following services will be allowed for use at the commissary (check all the apply):

- | | |
|--|---|
| <input type="checkbox"/> 3-Bay Sink | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Dry Storage Space | <input type="checkbox"/> Dry Storage Space |
| <input type="checkbox"/> Hand Wash Sink | <input type="checkbox"/> Preparation Table/Equipment |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Water Supply | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Garbage Disposal | |

I hereby declare that the facility noted above is a commercial kitchen and is currently licensed/permitted by (Name of Agency): _____

Provide a copy of the following documents if not permitted by the Columbia County Department of Health, Environmental Health Division;

- Most recent inspection report
- Copy of current license/permit

Signature of Commissary Kitchen Owner/Operator Date