

Temporary / Mobile Food Service Establishment Operator:

If you intend to **serve food to the public** as part of festival, community event, etc. you must obtain a Temporary Food Service Establishment (TFSE) or a Mobile Food Service Establishment (MFSE) permit from the Chautauqua County Health Department (CCHD). These facilities must meet the criteria described in New York State Codes, Rules and Regulations Title 10, Part 14.

Section 14-2.1 (a) “A **temporary** food service establishment means a place where food is prepared or handled and served to the public, with or without charge, and which operates at a fixed location in conjunction with a single event or celebration of not more than 14 consecutive days duration.” Note that TFSE permits are only for non-complex foods prepared and cooked on-site.

Section 14-4.30 (a) “A **mobile** food service establishment is a self-contained food service operation, located in a vehicle or a movable stand, self- or otherwise propelled, used to store, prepare, display or service food intended for individual portion service.”

Per regulations, all mobile food service establishments must have a commissary.

Section 14-4.95 (a) “**All mobile food service establishments** and pushcarts are to be serviced only at a **commissary** operated under a valid permit issued under Subpart 14-1 of this Part or operated under license or permit of an appropriate regulatory authority at a frequency necessary to maintain the sanitary conditions of the mobile unit or pushcart, and in any event at least daily for pushcarts and every 72 hours for mobile food service establishments.”

A complete application package includes the following:

A permit will not be issued and you will not be allowed to operate until CCHD has received the insurance certificates required by New York State law. One courtesy phone call will be made. Permits must be prominently displayed at your food service establishment. *Incomplete applications will be returned and will delay your permit issuance.*

1) Application document that has been completed, signed, and dated.

Complete the sections of the application form that apply to the type of facility you intend to operate. Please note you must provide an email address on your application to receive a copy of your facility inspection reports.

2) Proof of Commissary for MFSEs (see Commissary Agreement, page 3)

In order to obtain a MFSE permit from the CCHD, a signed commissary agreement is required for each unit at the time of initial permitting and at permit renewal. Be advised that each commissary agreement will be verified to ensure the facility can provide the MFSE with the necessary services. Please provide the completed Commissary Agreement (attached)

3) The associated fee for the MFSE/TFSE indicated on the application.

Checks or money orders must be made payable to the Chautauqua County Director of Finance. If you wish to pay by credit card, please complete the attached credit card transaction slip; you must include a 2.5% transaction fee with the total transaction. These fees are non-refundable.

- **TFSE** - \$60 for advance registration and \$120 for applications received less than 7 days prior to the event. TFSE permits are effective for a single event or celebration (up to 14 days total).
- **MFSE** fee depends on the risk level of the food: Low = \$100, Medium = \$120, or High = \$150. MFSE permits are issued on a 12-month cycle and are effective April 1 to March 31.

4) Food Safety & Menu Questionnaire Completed

Complete the questionnaire regarding the menu and food safety methods (2 pages). Include all foods you would like to serve. TFSE menus must be limited to foods that are prepared and served onsite.

5) Proof of Workers' Compensation and Disability Insurance or CE-200 Certificate

New York State Labor Law requires County Health Departments to collect these certificates before a permit can be issued. *(You may need to contact your insurance carrier for these forms)*

Option #1: If the business has employees, NYS requires that you submit one Workers' Compensation and one Disability insurance form from the chart below:

| <u>Workers' Compensation</u> Submit ONE from this list. | <u>Disability Insurance</u> Submit ONE from this list. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <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 |

Option #2: If the business does not have employees, you must obtain a Certificate of Attestation of Exemption (CE-200). Below are the steps to apply for the CE-200:

(If you need assistance with the CE-200 application, call (518) 485-5000)

- Visit <https://www.businessexpress.ny.gov/>. Scroll down the page to the section labeled "Top Request" and select **Certificate of Attestation of Exemption (CE-200)**
- Once approved, you will receive a confirmation email from New York Business Express. Follow the link in the email to print a copy of your certificate. You must **sign and date the form** before submitting your application.

We wish you a safe and successful season. If you have questions about the TFSE or MFSE program please contact us at (716) 753-4567 or email CCHD at cchealth@chqgov.com.

Commissary Agreement

Mobile Food Establishment Name: _____

Owner/Operator: _____

Commissary Kitchen Name: _____

Owner/Operator: _____

License/Permit Number & Permit Issuing Agency: _____

Commissary Address: _____

Phone Number: _____ Email: _____

My estimated times of use of the commissary are:

| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| Times | | | | | | | |

Use of this Commissary is for the following (check all that applies):

Water Supply Information: Public Private (a well serves the individual property)

Sewage / Wastewater Treatment System Info: Public Sewer Private System

Food Preparation Food & Utensil Storage

Vehicle / Pushcart Storage Washing of Utensils & Equipment

I, the Commissary user, attest the above information is true, to the best of my knowledge, and understand that my food service establishment permit is allied to my use of the listed Commissary. Additionally, the renewal of my permit is tied in accordance with the Commissary remaining permitted.

Commissary User's Signature

Date/Commissary User's Printed Name

I, the Commissary kitchen owner/operator, agree to allow the Commissary user to use the Commissary kitchen for the services listed above, and to allow open access to the Commissary kitchen during agreed operating times.

Commissary Owner's Signature

Date/Commissary Owner's Printed Name

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.**

Chautauqua County Environmental Health Fee Schedule 01-2023

Food Service Establishment (FSE)

| | |
|-----------------------------|-----------------------|
| FSE High Risk | \$350 / 2 Year Permit |
| FSE High Risk with Catering | \$450 / 2 Year Permit |
| FSE Medium Risk | \$250 / 2 Year Permit |
| FSE Low Risk | \$150 / 2 Year Permit |
| FSE Re-Inspection | \$60 per occurrence |

Mobile Food Service Establishment (MFSE)

| | |
|------------------|-----------------------|
| MFSE High Risk | \$150 / 1 Year Permit |
| MFSE Medium Risk | \$120 / 1 Year Permit |
| MFSE Low Risk | \$100 / 1 Year Permit |

Temporary Food Service Establishment (TFSE)

| | |
|---------------------------------------------------------|-------|
| TFSE Application rec'd. at least 7 days prior to event | \$60 |
| TFSE Application rec'd. less than 7 days prior to event | \$120 |

Mobile Home Park \$350 / 2 Year Permit

Temporary Residence \$300 / 2 Year Permit

Campground / Recreational Vehicle Park \$300 / 2 Year Permit

Swimming Pool \$225 / 2 Year Permit

Bathing Beach \$125 / 1 Year Permit

Spa \$100 / 2 Year Permit

Multiple Operations Under Primary Permit: Additional (secondary) operations under Temporary Residence or Campground permits are \$200 or each additional operation, other than a Spa, which is \$100

Migrant Labor Camps \$100 / 1 Year Permit

Vending Machines \$40 / machine

Tanning Facilities \$120 / 2 Year Registration Fee + \$100 per device

Clean Indoor Air Act Waiver \$300 / 1 Year Waiver

Application for a Permit to Operate

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

SECTION A: Facility Information (Entire section must be completed by all applicants.)

Facility name _____

Facility address _____

City _____ State _____ Zip _____ Telephone no. (____) _____ Fax no. (____) _____

Municipality _____ [T] [V] [C] Capacity [_____] Facility Status [] Profit [] Non-profit

Facility Type [_____] Indicate days operation is open S M T W T F S

Expected opening date [][] [][] [][] Expected closing date [][] [][] [][] Hours of operation [][] [][] [][] AM PM [][] [][] [][] AM PM
Month/Day Month/Day Open Close

- | | | | | | |
|---------------------------------------------|---------------------------------------------|-----------------------------------------------------|------------------------------------------|-------------------------------------------------------------|------------------------------------|
| Water Supply | Sewage System | Number of operations under this registration | | | |
| <input type="checkbox"/> Public (municipal) | <input type="checkbox"/> Public (municipal) | <input type="checkbox"/> Indoor Pools | <input type="checkbox"/> Bathing Beaches | <input type="checkbox"/> Food Services | <input type="checkbox"/> Day Camps |
| <input type="checkbox"/> Private (onsite) | <input type="checkbox"/> Private (onsite) | <input type="checkbox"/> Outdoor Pools | <input type="checkbox"/> Spa Pools | <input type="checkbox"/> Recreational Aquatic Spray Grounds | |
| | | <input type="checkbox"/> Tanning Devices | | | |

SECTION B: Operator/Owner Information (Entire section must be completed by all applicants.)

Legal **operator** or operating corporation _____
(If corporation or partnership, Section F must be completed.)

Person in charge _____ Telephone no. (____) _____ Fax no. (____) _____

Permanent address _____ Email address _____

City _____ State _____ Zip _____ Employee Identification Number [][] [][] [][][][] [][][][] [][][][] [][][][]

Or Social Security Number [][][][]-[][][][]-[][][][][][]

Owner _____ Telephone (____) _____

Permanent address _____ City _____ State _____ Zip _____

SECTION C: Complete for temporary food service establishments only (attach additional sheets as necessary).

Name and location of event _____

Name of Foods Supplier of ingredients Where and how foods will be prepared and served

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

SECTION D: Complete for mobile food service establishments or pushcarts only.

Type of vehicle Motorized Pushcart Other (specify) _____

Motor vehicle license number (motorized vehicles only) _____

Commissary name _____ Telephone No. (____) _____

Address _____ City _____ State _____ Zip _____

List on a separate sheet of paper the type of food and beverages served.

SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.

SECTION F: Partners and Corporate Officers

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

| Name | Title | Address | Telephone No. |
|------|-------|---------|---------------|
| | | | |
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| | | | |
| | | | |

SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)

Check the appropriate lines and 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 **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 Insurance

DB-120.1 - Certificate of Disability Benefits **OR**

Form DB-155 – Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage **NOT Provided**

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

SECTION H: Signature (Entire section must be completed by all applicants.)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

SECTION I: FOR OFFICE USE ONLY

Permit issuance recommended? Yes No Permit Effective Date [___][___][___] Permit Expiration Date [___][___][___]

Conditions of approval

Signature _____ Title _____ Date _____

Temporary / Mobile Food Service Establishment Questionnaire (page 1 of 2)

List and describe ALL foods that will be served at the facility, use additional pages if necessary. If you have a printed menu, please include a copy. All foods must be approved prior to the event. The CCDOH reserves the right to limit the type of food being served if items do not meet Temporary Food definition and / or cannot be handled or stored safely.

| Food Item | Source | Method of Preparation | Equipment Used | Comments |
|-----------|--------|-----------------------|----------------|----------|
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Will any of the items served be prepared off site? Provide commercial kitchen name, address, contact information, and a copy of the current FSE permit (*items prepared in home kitchens are not allowed*).

How will food be transported to event (coolers, cambro units. etc.)?

Describe the method of food service (cooked to order, hot/cold held during service period, etc.).

Temporary / Mobile Food Service Establishment Questionnaire (page 2 of 2)

Describe equipment used to keep food cold (at or below 45 °F).

Describe equipment used to keep food hot (at or above 140 °F)

How will foods be dispensed / handled to eliminate bare hand contact?

Describe structure of food prep area (*pull trailer, canopy/tent, rubber mat flooring, etc.*).

Describe handwash station (*clean water holding tank, temperature control, wastewater holding*).

What is the source of water to be used at the event? What is the source of ice?

How & where will wastewater be disposed of?

Describe the means and whereabouts of garbage storage / disposal.

MFSEs – Please list a few events / locations where you plan to operate.

CREDIT/DEBIT CARD TRANSACTION SLIP

Transaction Date: _____

Business Name: _____

Business City & State: _____

Client Name: _____

Client Address: _____

Client Phone #: _____

MC/Visa/Discover: _____

Cardholder #: _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Total Amount of Sale = Fee & 2.5% Transaction Fee: _____