



Tioga County Public Health Department

Heather Vroman, MSEd; Interim Public Health Director



Public Health
Prevent. Promote. Protect.

Tioga County

All Temporary Food Service Establishments must meet all of the requirements of Part 14-2 of the New York State Sanitary Code. Forthcoming is the information on the Tioga County Food Course. The following are a few more critical items:

1. All persons serving food must have a valid food service permit. You must have a separate permit for each concession that you operate. Permits are not allowed to be “shared.” You will not be allowed to operate under someone else’s permit unless you are an employee and have proof in the form of worker’s compensation, disability, etc.
2. All foods served will be limited to foods that require only limited preparation. Examples include: hamburgers and hot-dogs, etc. Any foods such as marinated meats or salads must be prepared at a permitted facility or purchased from a commercial source.
3. All potentially hazardous food must be held above 140° F. You must have an appropriate stem type thermometer present to monitor food temperatures.
4. All meats must be from a USDA approved source. Spiedies and sausage must have the USDA legend attached.
5. **All bare hand contact of “ready to eat” food must be eliminated.** This may be done through the use of plastic gloves, tongs, spatulas or other such utensils. Prepared foods that are handled with bare hands (or handled with “gloves” that are contaminated) will be considered contaminated and will be required to be discarded.
6. **Hand wash facilities must be provided and used.** You will be required to have a minimum of 5 gallons of water on hand at all times for this purpose. This agency may require additional quantities depending on the duration and nature of the event. Warm water, soap and single service towels must be provided for hand washing. See attached sheet for an example of an acceptable hand wash station.
7. You must provide adequate means of disposing of wastewater. A guideline that will be used is that you must provide a capacity for waste water of 1 ½ times the amount of fresh water provided.
8. Ice must be commercially bagged and held in these bags until dispensed, to protect the ice from contamination.
9. All units and stands will be inspected for general cleanliness. Units that come to events in an unclean condition will be required to be cleaned prior to beginning operation.

If you plan to operate a temporary food service establishment in conjunction with a special event, **you are to return the enclosed application and permit fee at least 10 working days prior to the scheduled event including Worker's Compensation and Disability papers as noted on page 2 of your application.** Applications and fees received less than 10 days prior to an event may or may not be issued based on work load, time of application, submittal of the exact form number (listed on the second page of the application of Workers Compensation, and Disability etc. The forms for Worker's Compensation and Disability should be printed by your insurance agent and are to be included with each application and each event. No one will be allowed to operate a temporary food service establishment without a valid Tioga County permit. **No permits will be issued the day of the event.**

On the back of the application, you are to list the foods that you will be selling and the source of the foods. If you intend to obtain any food from an approved source, you are to list this source with the permit number of the source and the County issuing the permit. Your permit will be issued limited to the foods that you apply for. No other foods will be allowed other than those specifically listed on your permit.

Be sure to list the name and telephone number of a contact person on your application where required. This agency may need to reach someone should questions regarding your permit application arise. If we are unable to reach you, we may be unable to process your permit and consequently unable to issue the permit.

If you have any questions regarding any of the above mentioned information, please feel free to contact this agency at 687-8565.

**THIS INFORMATION IS ONLY FOR FACILITIES THAT
DO NOT NEED WORKERS COMPENSATION OR DISABILITY**

Instructions to do the CE-200 on line:

Web-site: www.web.state.ny.us/formCE-200
Go to: Request for WC/DB Exemption (Form CE-200)-WCB Home Page
Next Page: Select to access web-based Exemption Application
Sign on: Enter a 4-digit PIN, Confirm PIN, Mothers maiden name, and business phone number
Overview: Read and continue
Overview: Read and continue
Continued: Fill out application
"Certificates can only be used to attest to a government entity that the applicant requesting a permit, license, or contract is not required to carry Worker's Compensation and/or Disability benefit coverage."

Then select to access web-based Exemption Application.

Follow directions and fill in all the necessary information. When you are finished putting in all information, there should be an option to print the Certificate. *You must print that certificate, sign, date and mail it with your permit application and fee to Tioga County Environmental Health, PO Box 120, Owego, NY 13827.*

If you have problems getting into this website please call the State help desk at 1-866-868-9746.

If you have any further questions please feel free to call our office directly at 687-8565.

Sincerely,

Todd Kopalek

Todd Kopalek
Supervising Public Health Sanitarian
Division of Environmental Health



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Application for a Temporary Permit to Operate

Complete all items that apply to your establishment, sign on the back page and return with the appropriate fee **30 days** prior to the expect opening date.

Return to:
Tioga County Public Health
Environmental Services
1062 State Rt 38, PO Box 120
Owego, NY 13827

Temporary Permit: \$48.00
Write check to: Tioga County Treasurer

Questions? Call 607-687-8600

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

Section A: Facility Information

Facility name: _____

Facility Street Address: _____

City: _____ State _____ Zip: _____

Telephone#: _____ Fax#: _____ Email: _____

Facility Status: Profit Non-Profit

Name of Event: _____ Location of Event: _____

Expected Opening Date: _____ Expected Closing Date: _____ Hours of Operation:

Open _____ am pm Close _____ am pm

Days: SUN MON TUES WED THUR FRI SAT

Type of Operation:

Food Service

Water Supply (choice one):

Sewage System (choice one):

Public (municipal)

Public (municipal)

Private (onsite)

Private (onsite)

Section B: Operator/Owner Information

Legal Operator: _____

Permanent address: _____ City _____

State _____ Zip Code _____

Telephone#: _____ Email: _____

Section C: Detailed Food to be Served

Attach additional sheets as necessary.

Name of Food	Supplier of ingredients	Where & how prepared and served?

Section C: REQUIRED Workers' Compensation and Disability

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Worker Compensation and Disability Insurance PROVIDED

Workers Compensation: Choose ONE

Form C-105.2- Certificate of Workers' Compensation Insurance

Form U-26.3- Certificate of Workers' Compensation Insurance

Form SI-12- Certificate of Workers' Compensation Self-Insurance

GSI-105.2- Certificate of Participation in Worker's Compensation Self-Insurance

AND

Disability Insurance: Choose ONE

DB-120.1- Certificate of Disability Benefits

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

B. Workers Compensation and Disability NOT PROVIDED:

Form CE-200- Certificate of Attestation of Exemption

Section D: Signature MUST BE COMPLETED

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 authorize official _____

Print name of person signing _____ Title _____ Date _____

OFFICE USE ONLY

Permit issuance recommended? YES NO Permit Effective: _____ Permit Expiration: _____

Conditions of approval: _____

Signature _____ Title _____ Date _____