



ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3010, Fax (845) 334-3045

MICHAEL P. HEIN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health

Dear Food Service Vendor:

Enclosed is an application to operate a Temporary Food Establishment. **The application and the appropriate fee(s) must be submitted at least 5 days prior to your operation start date or a \$25.00 administrative late fee will be assessed.**

The following **must** be completed and returned in order for your application to be processed. The application **cannot be processed** if **any** of the information below is missing or incomplete. If you have any questions regarding the enclosed application, please call Cory Kassler at (845)340-3036.

- Completed application in its entirety including copies of Workers' Compensation and Disability forms or a signed CE-200 Exemption form (see attached/enclosed information).
- Review items needed for operation (see reverse side of this letter for list of items).
- Enclose appropriate payment of fee(s) by check or money order payable to:
Ulster County Commissioner of Finance

If not-for-profit, please provide proof of not-for-profit status such as a copy of the NYS official Letter of Acceptance

Temporary Food Service Establishments fees:

For profit.....	\$50.00
*Not-for-Profit.....	\$ 0.00
<u>Returned check fee</u>	\$20.00
<u>**Administrative Late fee</u>	\$25.00

** If your organization is not-for-profit please record this in the proper space provided on the application, submit proof of your not-for-profit status such as a copy of the NYS official Letter of Acceptance and the \$50.00 fee will be waived. However, if application is not received five (5) days prior to opening date, the administrative late fee will still be applied.*

*** An administrative late fee of \$25.00 will be assessed if your application is not received 5 days prior to your operation start date.*

ALL PERMIT APPLICATION FEES ARE NON-REFUNDABLE

Return all of the above to:

**Ulster County Department of Health
Environmental Health Services Division
239 Golden Hill Lane
Kingston, NY 12401**

Anyone preparing food, other than on-site, must prepare their food at an establishment that has a valid Department of Health or Department of Agriculture and Markets permit and are also required to comply with the Ulster County Sanitary Code, Article VI.

ITEMS NEEDED FOR OPERATION

- Single service articles (paper plates, paper napkins, plastic utensils, etc.).
- Proper utensils, plastic gloves, and/or deli paper must be used to eliminate unnecessary hand-food contact.
- Equipment must be present to cook or reheat foods to 165 degrees Fahrenheit or above and to maintain food temperature at 140 degrees Fahrenheit during hot holding.
- Equipment must be present to maintain refrigerated food temperatures at 45 degrees Fahrenheit or below.
- Potentially hazardous foods must be transported at temperatures of above 140 degrees Fahrenheit or below 45 degrees Fahrenheit.
- Equipment used for refrigeration must have thermometers. A stab thermometer (0-220 degrees Fahrenheit) is required for checking hot and cold food temperatures.
- Water and ice must be obtained from an approved source. Home sources are not approved.
- Three containers (minimum 5 gallons each) to wash, rinse, and sanitize kitchenware.
- A container for sanitizing wiping cloths (100 ppm bleach).
- A covered container (minimum 5 gallons) with a spout for fresh water storage.
- Liquid soap dispenser and paper towels for hand washing.
- Food should not be stored in undrained ice.
- Garbage cans with liners and covers.
- Bathroom facilities must be provided at the temporary food service site.
- Waste water must be disposed of in a sanitary manner.

Ulster County Department of Health
Environmental Health Services
239 Golden Hill Lane
Kingston, NY 12401
(845) 340-3010

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

It is unlawful to operate any temporary food service establishment without a permit.

Name of Event: _____ Township of Event: _____

Address of Event: _____

Number of Event Operating Days: _____ (maximum 14 days per application/permit)

List each Date(s) of Operation: _____

Time food is to be served: Opening Time: _____ AM/PM Closing Time: _____ AM/PM

Name of Establishment: _____

Name of Operator: _____ Email: _____

Mailing Address: _____

Telephone Number: _____ FAX: _____ EIN: _____

Not-for-profit Operator: Yes _____ (Attach copy of proof of not-for-profit status) No _____

Food to be served: _____

Food to be obtained from: _____

* Equipment to be used: _____

* *The use of Polystyrene Foam Disposable Food Service Ware by Food Service Establishments is not permitted in Ulster County.*

Water Supply (Check One): Private: _____ *Sample Result Attached: Yes _____ No _____

Public: _____ Water System Name _____

** A satisfactory water sample during the same quarter of the year in which the event is operating must be submitted to the UCDOH or bottled water / bagged ice must be used.*

The Undersigned applicant has received, read, understands, and agrees to operate the temporary food service establishment in complete compliance with Ulster County Sanitary Code, Article VI. The permit to operate a Temporary Food Service Establishment will be issued upon the completion of a satisfactory Ulster County Department of Health inspection report.

Signature of individual operator or authorized official _____

Print name of person signing _____ Date _____

FOR OFFICE USE ONLY

Permit Recommended: Yes _____ No _____ By _____

Date of Issue: _____ Expiration Date: _____ Risk: Low Medium High (circle one)

Permit Conditions: Single Service. Foods listed on "Food to be served" line.