Application for Permit(s) to Operate Temporary Food Service

Columbia County Department of Health

Section A: Owner/Operator Information

Permit Application Information

Operating Corporation _____

Person in Charge _____ ____ _____
First M.I. Last

Legal Address _____ Total Fee: _____

_____

SSN or EIN Number
SSN EIN Number _____
(Circle One)

City,State,Zip _____ _____ _____

Other Name(s) to print on Permit: _____ Phone _____
Home Cell Other (Circle One)

E-mail address _____

Section B: Please list all Events for which Permits are needed.

Event/Location Address	Operation Name	Dates/Hours of Operation

Section C: FOODS (Please attach additional foods served info for each event listed, if different)

Name of Food	Supplier of Ingredients	Where and How food will be prepared and served, How kept Hot/Cold

Will all food preparation be at the concession? Yes No

If not, please describe:

_____

FOR OFFICE USE ONLY

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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 _____

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Permit issuance recommended? ☐ Yes ☐ No Number of Permits Issued _____

Conditions of approval _____

Signature _____ Title _____ Date _____