ALBANY COUNTY DEPARTMENT OF HEALTH – DIVISON OF ENVIRONMENTAL HEALTH SERVICES

TEMPORARY FOOD SERVICE INSTRUCTIONS

1. YOU ARE PERMITTED TO SELL ONLY THOSE ITEMS LISTED ON YOUR APPLICATION FILED WITH THIS DEPARTMENT.

2. A fee of $30.00 (per vendor) and a list of vendors names, addresses and phone numbers and food they will be vending must accompany your application.
   - Make checks payable to **Albany County Health Department**

3. Copies of Workers Compensation **AND** Disability Insurance certificates **OR** a CE-200 Workers' Compensation form must be submitted to Albany County Health Department with your application. See instructions below.

   Please contact your insurance agent for one of the following forms.
   - **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
   - **Form GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance

   -AND-

   Please contact your insurance agent for one of the following forms.
   - **Form DB-120.1** – Certificate of Disability Benefits
   - **Form DB-155** – Certificate of Disability Benefits Self Insurance

   -OR-

   - **Form CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.
     Form CE-200 may be obtained online at: https://www.businessexpress.ny.gov/.
     Once on the website, search for CE-200 and click on the **"Certificate of Attestation of Exemption (CE-200)**" link for instructions on how to apply.
     If further assistance is needed for this, please reach out to New York Business Express Center at: (518) 485-5000

   Albany County will not issue a permit without copies of insurance certificates as stated above.

4. **Food storage: All potentially hazardous foods held hot, must be held at a temperature of 140°F or greater. All potentially hazardous foods held cold, must be held under mechanical refrigeration at a temperature of 45°F or less.** Potentially hazardous food is any food that consists, whole or part, of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean or other ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

5. A metal stem-type, numerically scaled thermometer accurate to plus or minus two degrees Fahrenheit (1.1 Celsius) must be available and used to ensure adequate temperatures.

6. All foods must be from approved sources, prepared in facilities under permit by the Albany County Health Department or an appropriate regulatory agency. Food may NOT be prepared at home. (Commissary Letter is required)

7. Your permit allows **VENDING** only! Foods must be in a form requiring only limited preparation such as seasoning or cooking.
   Any additional preparation procedures such as onsite assembly of salads, sandwiches, pastries, etc. are prohibited.

8. Bare hand contact with ready-to-eat food is not allowed. Sanitary gloves, utensils, or barriers must be used.

Email form to Marianne.Stone@albanycountyny.gov

9. Personnel: All persons working with food are to be free from infectious disease which can be transmitted by foods and are not to have boils, infected cuts, sores or any respiratory disease. They are to wear clean clothing, not smoke or use tobacco while handling food or in food preparation areas, and use hair restraints that minimize hair contact with hands, food and food contact surfaces

10. Prepared foods must NOT be displayed uncovered.

11. Storage of food on the ground is prohibited.

12. **Hand Washing Facilities:** Hand washing facilities are to consist of a supply of clean, potable water, soap or detergent, a receptacle to hold wastewater and paper towels.

13. All damp wiping cloths must be kept in a sanitizing solution. Repetitive use of dry cloth towels for hand cleaning is prohibited.

14. The area surrounding your food service must be maintained in a clean and sanitary condition at all times. Disposing or dumping of cooking water, ice water, or food wastes on the street or ground is prohibited.

15. Your health permit must be displayed and observable at all times.

16. Enforcement: If your operation is found to be in violation of Sub-Part 14-2 of the New York State Sanitary Code, you will be ordered to leave the area immediately and be required to attend a formal hearing to review the matter. Failure to correct the noted deficiencies and repetitive violations will result in the initiation of legal action by this Department.

If you have any questions or need additional information you may contact us at:
DIVISON OF ENVIRONMENTAL HEALTH SERVICES:
PHONE: (518) 447-4620 FAX: (518) 447-4698

Email to Marianne.Stone@albanycountyny.gov

ALBANY COUNTY DEPARTMENT OF HEALTH – DIVISON OF ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

(No more than 14 consecutive days)

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A VIOLATION OF PART 14-2 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE IV OF THE ALBANY COUNTY SANITARY CODE AND IS A MISDEMEANOR.

Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Event Name: _____

Event Location (Give detailed location: i.e. road, street, building# or distance from some well-known point.): _____

Name & Title of person responsible for operation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Event to operate between the dates of: ___/___/___ to ___/___/___ Hours of operation: _____

Total number of booths where food or drink will be served: _____

Number of booths owned and operated by the Organization: _____

A fee of $30.00 per vendor is required. Total amount paid: $_____

Number of Expected Attendees: _____

Is running water available? Yes: ☐ No: ☐ If yes, please describe: _____
Is electricity available? Yes: ☐ No: ☐ If yes, please describe: _____
Will restroom facilities be provided? Yes: ☐ No: ☐ If yes, please describe: _____

OFFICE USE ONLY
DENIED: ☐
APPROVED: ☐
DATE: _____
PERMIT#: _____
PERMIT EXPIRATION: _____
PAYMENT RECEIVED
YES: ☐ NO: ☐
AMOUNT: $_____
CASH: ☐ CHECK# _____: ☐

You must provide Certificate(s) for proof of Insurance:
(See Worker's Compensation Board Insurance Requirements document detailed instructions)
Workers Compensation and Disability Benefit Insurance
One of the following forms: **C-105.2**: ☐ **U-26.3**: ☐ **SI-12**: ☐ **GSI-105.2**: ☐
AND
One of the following forms: **DB-120.1**: ☐ **DB-155**: ☐
-OR-
Form CE-200: ☐

A PERMIT MAY BE SUSPENDED BY THE COMMISSIONER UPON VIOLATIONS OR REVOKED FOR SERIOUS OR REPEATED VIOLATIONS.

If this application is approved, the undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Part 14-2 of the New York State Sanitary Code and Article IV of the Albany County Sanitary Code.

_____ Signature of Applicant

_____ Printed Name of Applicant

_____ Date

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PHONE: (518) 447-4620 FX: (518) 447-4698

ALBANY COUNTY DEPARTMENT OF HEALTH -
DIVISON OF ENVIRONMENTAL HEALTH SERVICES

Worker's Compensation Board Insurance Requirements

The following is required by worker's compensation board compliance division.

Only **ONE** of the forms from **EACH** of the following two lists need to be submitted **UNLESS** an exemption attestation is being submitted. (see Exemption – Business Operating without Employees section below)

Document form numbers must be **EXACT**.

Workers Compensation

- **Form C-105.2** – (Most carriers) Certificate of Worker's Compensation Insurance
- **Form U-26.3** – (NYS Insurance Fund) Certificate of Worker's Compensation Insurance
- **Form SI-12** – Certificate of Worker's Compensation Self-Insurance
- **Form GSI-105.2** – Certificate of Participation in Worker's Compensation Group Self-Insurance

-AND-

Disability Benefit

- **Form DB-120.1** – (Most carriers and NYS Insurance Fund) Certificate of Disability Benefits
- **Form DB-155** – Certificate of Disability Benefits Self-Insurance

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-OR-

Exemption – Business Operating without Employees

- **Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage. Form CE-200 may be obtained online at: https://www.businessexpress.ny.gov/.
  Once on the website, search for CE-200 and click on the **"Certificate of Attestation of Exemption (CE-200)"** link for instructions on how to apply.
  If further assistance is needed for this, please reach out to New York Business Express Center at: (518) 485-5000

- **PERMITS WILL NOT BE ISSUED WITHOUT THE PROPER CERTIFICATE DOCUMENTATION**
- **ACORD CERTIFICATES OF LIABILITY AND NOTICES OF COMPLIANCE FORMS ARE NOT ACCEPTED**
- **PLEASE CONTACT YOUR INSURANCE CARRIER/AGENT FOR ASSISTANCE**

If you have any questions or need additional information you may contact us at:
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PHONE: (518) 447-4620 FAX: (518) 447-4698