APPLICATION FOR A PERMIT
TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT
(No more than 14 consecutive day duration—Submit 14 days prior to event date)
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 Organization: ____________________________________________

Address: _______________________________________________________

City: __________________ State: ______ Zip: ______ Phone: ______________

Event Name: ___________________________________________________
Event Location: (give detailed location: ie Road, Street, Building #, or distance from some well-known point).

Name & Title of person responsible for operation: ________________________ Title: ______________________

E-mail address: ___________________________________________________

Address: _______________________________________________________

City: __________________ State: ______ Zip: ______ Phone: ______________

Event to Operate for a Period 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 water and/or electricity available? Yes [ ] No [ ] If yes, describe: __________________________

Will restroom facilities be provided? Yes [ ] No [ ] If yes, describe: __________________________

A list of vendor(s) must accompany this application: Name, address, phone number, menu items to be
served, Certificate(s) of Insurance, and email address for each vendor. Email addresses are required for
transmittal of inspection reports.

Workers Compensation and Disability Benefit Insurance -or-
NYS WCB form CE-200; Certificate of Attestation of Exemption

WC  DB  CE-200

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

Signature of Applicant: __________________________ Date: ________________

DIVISION OF ENVIRONMENTAL HEALTH SERVICES: PH (518) 447-4625  FAX (518) 447-4698