

ALBANY COUNTY DEPARTMENT OF HEALTH –  
DIVISION 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: \_\_\_\_\_

**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

**If you have any questions or need additional information you may contact us at:**

**DIVISION OF ENVIRONMENTAL HEALTH SERVICES:**

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

<p><b>OFFICE USE ONLY</b></p> <p>DENIED: <input type="checkbox"/></p> <p>APPROVED: <input type="checkbox"/></p> <p>DATE: _____</p> <p>PERMIT#: _____</p> <p>PERMIT EXPIRATION: _____</p> <p><u>PAYMENT RECEIVED</u></p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>AMOUNT: \$ _____</p> <p>CASH: <input type="checkbox"/> CHECK# _____: <input type="checkbox"/></p>
--