

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: _____

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: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Not-for-profit Organization: Yes _____ No _____

Food to be served: _____

Food to be obtained from: _____

Equipment to 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 _____

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.