

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: _____ Township 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: _____

Telephone Number: _____ EIN: _____

Not-for-profit Operator: Yes _____ (Attach copy of proof of not-for-profit status) No _____

Food to be served: _____

Food to be obtained from: _____

Equipment to be used: _____

Water Supply (Check One): Private: _____ *Sample Result Attached: Yes _____ No _____

Public: _____ Water System Name _____

** A satisfactory water sample during the same quarter of the year in which the event is operating must be submitted to the UCDOH or bottled water / bagged ice must 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 _____

FOR OFFICE USE ONLY		
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.		