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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
[] [] []

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