

MICHAEL G. BRESLIN
County Executive

JAMES CRUCETTI, MD, MPH
Commissioner of Health



DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET, P.O. BOX 678
ALBANY, NEW YORK 12201-0678

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

TEMPORARY FOOD SERVICE INSTRUCTIONS

1. YOU ARE PERMITTED TO SELL ONLY THOSE ITEMS LISTED ON APPLICATION FILED WITH THIS DEPARTMENT.
2. A fee of \$30.00 (per vendor) and a list of vendors names, addresses and phone numbers and food they will be vending must accompany your application. (Make checks payable to Albany County Health Department)
3. Copies of Workers Compensation and Disability Insurance certificates or a CE-200 Workers' Compensation form must be submitted to Albany County Health Department with your application.

Please contact your insurance agent for one of the following forms.

- Form C-105.2 – Certificate of Workers' Compensation Insurance
- Form U-26.3 – Certificate of Workers' Compensation Insurance
- Form SI-12 – Certificate of Workers' Compensation Self Insurance
- Form GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Please contact your insurance agent for one of the following forms.

- Form DB-120.1 – Certificate of Disability Benefits
- Form DB-155 – Certificate of Disability Benefits Self Insurance

OR

Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. The CE-200 form can be processed electronically on-line at <http://www.web.state.ny.us> and immediately upon completion, be able to print out a hard copy of the CE-200 that can be attached to your application. Computers are available at the Customer Service Center the New York State Workers' Compensation Board, 100 Broadway, Menands office. Paper application for the CE-200 can be obtained by writing or visiting the Customer Service Center at New York State Workers' Compensation Board, 100 Broadway, Menands, NY 12241, 1-866-750-5157.

Albany County will not issue a permit without copies of insurance certificates as stated above.

3. **Food Storage: All potentially hazardous foods held hot must be held at a temperature of 140°F or greater. All potentially hazardous foods held cold must be held under mechanical refrigeration at a temperature of 45°F or less.** Potentially hazardous food is any food that consists, in whole or part, of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea or other ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms [14-2.3(b) (c)]. A metal stem-type, numerically scaled thermometer accurate to plus or minus two degrees Fahrenheit (1.1 Celsius) must be available and used to ensure adequate temperatures.

(Over)

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4. All foods must be from approved sources, prepared in facilities under permit by the Albany County Health Department or an appropriate regulatory agency. Food may NOT be prepared at home.
5. Your permit allows **VENDING** only! Foods must be in a form requiring only limited preparation such as seasoning or cooking. Any additional preparation procedures such as on-site assembly of salads, sandwiches, pastries, etc. is prohibited.
6. Bare hand contact with ready-to-eat food is not allowed. Sanitary gloves, utensils, or barriers must be used.
7. Personnel: All persons working with food are to be free from infectious disease which can be transmitted by foods and are not to have boils, infected cuts, sores or any respiratory disease. They are to wear clean clothing, not to smoke or use tobacco while handling food or in food preparation areas, and use hair restraints that minimize hair contact with hands, food and food-contact surfaces
8. Prepared foods must not be displayed uncovered.
9. Storage of food on the ground is prohibited.
10. Temporary Food Service handwashing facilities are to consist of a supply of clean, potable water, soap or detergent, a receptacle to hold wastewater and paper towels (14-4.141).
11. All damp wiping cloths must be kept in a sanitizing solution. Repetitive use of dry cloth towels for hand cleaning is prohibited.
12. The area surrounding your food service must be maintained in a clean and sanitary condition at all times. Disposing or dumping of cooking water, ice water, or food wastes on the street or ground is prohibited.
13. Your health permit must be displayed and observable at all times.
14. Enforcement: If your operation is found to be in violation of sub-part 14-2 of the New York State Sanitary Code, you will be ordered to leave the area immediately and be required to attend a formal hearing to review the matter. Failure to correct the noted deficiencies and repetitive violations will result in the initiation of legal action by this Department.
15. If you have any questions concerning the above, please contact this Department at (518) 447-4625.

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**APPLICATION FOR A PERMIT
TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT**

(Not more than 14 consecutive day duration)

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: _____

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 \$10.00 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 name, address, phone#, and a menu of food to be served must accompany this application.

Workers Compensation and Disability Benefit Insurance (see instructions #3)

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.**

Signature of Applicant: _____ Date: _____

Form FSE-TEM-A/6/22/2009