



# Schenectady County Public Health Services

Environmental Health Unit  
107 Nott Terrace, Suite 300  
Schenectady, New York 12308-3170  
Phone: (518) 386-2818  
Fax: (518) 386-2822  
PublicHealth@SchenectadyCounty.com

## TEMPORARY FOOD SERVICE PERMIT APPLICATION INSTRUCTIONS

The application must be submitted at least 10 business days prior to the event.

Submit the following:

- 1. Complete, signed application
- 2. Proper proof of insurance (Workers' Compensation AND Disability OR CE-200 is required)
  - a. Workers' Compensation**  
Form C-105.2 or  
Form U-26.3 or  
Form SI-12 or  
Form GSI-105.2 and
  - b. Disability Insurance**  
Form DB-120.1 or  
Form DB-155
- OR
- c. Form CE-200 Certificate of Attestation of Exemption, signed (instructions how to obtain CE-200 are attached below).**
- 3. Use of Commissary/Shared Kitchen Agreement Verification if applicable
- 4. A copy of Commissary's current permit/license and most recent inspection
- 5. Menu
- 6. Payment of \$90 per vendor. Make a check payable to *Schenectady County*. Cash will be accepted if you apply in person. If fee exempt, submit proof of exemption from payment [NYS form ST-119.1 and IRS letter granting 501 (c)(3) non-profit status]

### TO APPLY ONLINE

1. Go to <https://schenectadyco.permits.basgov.com/>
2. Select the appropriate Type (Food), Term (Temporary), and Fees (\$90)
3. Fill out all facility and address information and be sure to upload all applicable documents listed above
4. Pay by debit, credit card or e-check

### TO APPLY BY MAIL/IN PERSON

Mail to/drop off at:  
Schenectady County Public Health Services  
Environmental Health Unit  
107 Nott Terrace, Suite 300  
Schenectady, NY 12308



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Check/Pmt. # _____
Amount \$ _____
Deposit # _____
Date Received _____

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

Complete one form per event per booth

Submit application at least 10 business days prior to the event. The fee must accompany this application payable by cash, check payable to Schenectady County or online payment.

### 1. EVENT INFORMATION

Name of Event: \_\_\_\_\_ Date(s): \_\_\_\_\_ Times: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 2. VENDOR INFORMATION

Name of Food Booth: \_\_\_\_\_ Date(s): \_\_\_\_\_ Times: \_\_\_\_\_

Name of Person Responsible for Booth Operation: \_\_\_\_\_ SSN/EIN Number: \_\_\_\_\_

Legal Operator/Operating Corporation: \_\_\_\_\_  
(Circle One)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 3. FOOD INFORMATION

**Attach a copy of your menu for this event or list menu items below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplier(s) of Ingredients:** \_\_\_\_\_

**Food will be prepared:**  Same day on site  Commissary kitchen: \_\_\_\_\_

If using a commissary kitchen, you must submit *Use of Commissary/Shared Kitchen Agreement Verification*.

**Transport Equipment:**  Ice chest  Cambro boxes  Refrigerated vehicle  Other: \_\_\_\_\_

**Hot Holding Equipment:**  Steam table  Chafing dish  Grill  Other: \_\_\_\_\_

**Cold Holding Equipment:**  Refrigerator  Freezer  Ice chest with freezer  Other: \_\_\_\_\_

**Food Storage:**  Approved Commissary  Trailer  Purchased day of event  Other: \_\_\_\_\_

**Water Supply:**  Public water  Bottled water  Other: \_\_\_\_\_

**If the duration of the event is more than one day, where and how will leftover foods be stored?**

\_\_\_\_\_  
\_\_\_\_\_

**Hand-wash Station:** describe set up for hand wash station (portable sink, thermos with spigot, etc.)\_\_\_\_\_

**Equipment washing:** describe where and how utensils will be washed on site (will provide portable wash, rinse, sanitize stations/provide extra utensils/no washing required for operation/etc.)\_\_\_\_\_

**Wiping cloths:**  Sanitizing bucket with solution  Disposable cloths  Other: \_\_\_\_\_

**Wastewater disposal:** how and where will wastewater be disposed? (Dumping wastewater in storm drains and or storm sewers is illegal)\_\_\_\_\_

**Garbage Disposal:**  Provided by Event Coordinator  Dumpster located on site  
 Will collect and haul away  Other \_\_\_\_\_

4. WORKERS' COMPENSATION AND DISABILITY INSURANCE

Submit copies of the following documentation with the application to document compliance with the Workers' Compensation Law:

A. Workers' Compensation and Disability Insurance Coverage **Provided**

<b>Workers' Compensation</b>	<b>And</b>	<b>Disability Benefits</b>
<input type="checkbox"/> Form C-105.2		<input type="checkbox"/> DB-120.1
<input type="checkbox"/> Form U-26.3		<input type="checkbox"/> DB-155
<input type="checkbox"/> Form SI-12		
<input type="checkbox"/> GSI-105.2		

B. Workers' Compensation and Disability Insurance is NOT PROVIDED

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

5. SIGNATURE (Entire section must be completed by all applicants)

**FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.**

Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the New York State Sanitary Code.

Signature of individual operator or authorized official \_\_\_\_\_

PRINT name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Permit issuance recommended?  Yes  No Permit Effective Date \_\_\_\_\_ Permit Expiration Date \_\_\_\_\_

Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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**USE OF COMMISSARY/SHARED KITCHEN AGREEMENT VERIFICATION**

All Food Service Establishments must operate out of an approved commercial kitchen. Many food operations such as Mobile Food Vendors, Caterers and Temporary Food Vendors utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors with each permit application.

**Applicant Information:** Business Name: \_\_\_\_\_  
Owner/Operator Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby state that the information on this form is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance to Chapter 1 of New York State Sanitary Code. (Note: if this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food service operation will be subject to suspension or revocation).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Commissary Information:** Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Commissary Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that an agreement exists between (Name of Vendor) \_\_\_\_\_  
and (Name of Commissary) \_\_\_\_\_ to use my facility as a commissary kitchen. The following services will be allowed for use at the commissary (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> 3-Bay Sink          | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Food Prep Sink      | <input type="checkbox"/> Freezer Space                  |
| <input type="checkbox"/> Hand Wash Sink      | <input type="checkbox"/> Dry Storage Space              |
| <input type="checkbox"/> Mop Sink            | <input type="checkbox"/> Preparation Table/Equipment    |
| <input type="checkbox"/> Water               | <input type="checkbox"/> Ice Machine                    |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Cooking Equipment              |
| <input type="checkbox"/> Garbage Removal     | <input type="checkbox"/> Other: _____                   |

I hereby declare that the facility noted above is a commercial kitchen permitted by \_\_\_\_\_.

Provide a copy of the following documents if not permitted by Schenectady County Public Health Services Environmental Health Unit:

- Last Inspection Report
- Current Permit

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date



# Workers' Compensation and Disability Insurance Requirements for Obtaining a Department of Health Permit

Before a Department of Health permit can be issued, you must prove compliance with NYS Workers' Compensation AND Disability and Paid Family Leave Benefits Insurance requirements.

## If You Maintain Worker's Compensation and Disability Insurance Coverage

The following forms must be submitted with each permit application:

<p><b>1. Workers' Compensation</b> Submit <b>one</b> from this list:</p>	<p><b>2. Disability Insurance</b> Submit <b>one</b> from this list:</p>
<ul style="list-style-type: none"> <li>• Form <b>C-105.2</b> (issued by your insurance carrier)</li> <li>• Form <b>U-26.3</b> (issued by the State Insurance Fund)</li> <li>• Form <b>SI-12</b></li> <li>• Form <b>GSI-105.2</b></li> </ul>	<ul style="list-style-type: none"> <li>• Form <b>DB-120.1</b> (issued by your insurance carrier)</li> <li>• Form <b>DB-155</b></li> </ul>

## Where do I get these forms?

Contact your insurance carrier for these forms.

## Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application. We are unable to substitute insurance forms submitted with recent permit applications.

The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

## If You Do Not Maintain Workers' Compensation and/or Disability Insurance Coverage

Please provide a **CE-200 Attestation of Exemption Certificate**. Follow the instructions at [www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/How-to-Obtain-Certificate-of-Exemption.pdf](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/How-to-Obtain-Certificate-of-Exemption.pdf). Or, call the NYS Workers' Compensation Board at 866-298-7830. Please note, it can take up to 8 weeks to process this request.

## Questions about health department permit requirements:

Contact your health department  
[www.health.ny.gov/EnvironmentalContacts](http://www.health.ny.gov/EnvironmentalContacts)

## Questions about Workers' Compensation and Disability forms:

Workers' Compensation Board Office  
518-462-8880 or 877-632-4996

# Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

## Follow these steps:

1. Go to [businessexpress.ny.gov](https://businessexpress.ny.gov).
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
  - First and Last Name
  - Email
  - Confirm Email
  - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
  - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
  - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
  - Do one of the following:
    - If the account(s) shown is a NY.gov Individual account, select **Continue**.
    - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
  - Select **Continue**.
10. An activation email will be sent.
  - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
  - Specify three security questions.
  - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
  - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

## You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access [businessexpress.ny.gov](https://businessexpress.ny.gov), and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.