

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: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_ EIN: \_\_\_\_\_

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

*The proper insurance forms (Workers' Comp/DB **OR** CE-200) **MUST** accompany this application or a permit will NOT be issued. Please refer to WC-DB Info at UlsterCountyNY.gov.*

Food to be served: \_\_\_\_\_

Food to be obtained from: \_\_\_\_\_

\* Equipment to be used: \_\_\_\_\_

*\*The use of Polystyrene Foam Disposable Food Service Ware by Food Service Establishments is not permitted in Ulster County.*

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.