



Tioga County Public Health Department

Lisa C. McCafferty, R.S., MPH; Public Health Director



Public Health
Prevent. Promote. Protect.
Tioga County

Application for a Temporary Food Permit

Complete all items that apply to your establishment, sign on the back page and return with the appropriate fee 30 days prior to the expect opening date.

Return to:
Tioga County Public Health
Environmental Services
1062 State Rt 38, PO Box 120
Owego, NY 13827

Permit Fee: \$48
Write check to: Tioga County Treasurer

Questions? Call 607-687-8600

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN A DELAY IN PERMITTING. OPERATING WITHOUT A PERMIT WILL RESULT IN IMMEDIATE CLOSURE AND ENFORCEMENT ACTIONS.

Section A: Facility Information

Facility name: _____

Facility Street Address: _____

City: _____ State ____ Zip: _____

Telephone#: _____ Fax#: _____ Email: _____

Facility Status: Profit Non-Profit

Name of Event: _____ Location of Event: _____

Expected Opening Date: _____ Expected Closing Date: _____ Hours of Operation:

Open _____ am pm Close _____ am pm

Days: SUN MON TUES WED THUR FRI SAT

Type of Operation:

Food Service

Water Supply (choice one):

Location where drawn: _____

Bottled Water

Section B: Operator/Owner Information

Legal Operator: _____

Permanent address: _____ City _____

State _____ Zip Code _____

Telephone#: _____ Email: _____

Section C: Detailed Food to be Served

Attach additional sheets as necessary.

Name of Food	Supplier of ingredients	Where & how prepared and served?

Section C: REQUIRED Workers' Compensation and Disability

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Worker Compensation and Disability Insurance **PROVIDED**

Workers Compensation: Choose ONE

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

GSI-105.2- Certificate of Participation in Worker's Compensation Self-Insurance

AND

Disability Insurance: Choose ONE

DB-120.1- Certificate of Disability Benefits

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

B. Workers Compensation and Disability **NOT PROVIDED:**

Form CE-200- Certificate of Attestation of Exemption

Section D: Signature **MUST BE COMPLETED**

False Statements made on this application are punishable under the Penal Law.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorize official _____

Print name of person signing _____ Title _____ Date _____

OFFICE USE ONLY

Permit issuance recommended? YES NO Permit Effective: _____ Permit Expiration: _____

Conditions of approval: _____

Signature _____ Title _____ Date _____