ULSTER COUNTY
DEPARTMENT OF HEALTH

300 Flatbush Avenue, Kingston, NY 12401-2740, (845) 340-3150, Fax (845) 334-8337

MICHAEL P. HEIN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health

January 2013

Dear Food Service Vendor:

Enclosed is an application to operate a Temporary Food Establishment for the 2013 season. **The application and the appropriate fee(s) must be submitted at least 5 days prior to your operation start date or a $25.00 administrative late fee will be assessed.**

The following **must** be completed and returned in order for your application to be processed. The application **cannot be processed** if **any** of the information below is missing or incomplete. If you have any questions regarding the enclosed application, please call Cory Kassler at (845)340-3036.

- ☐ Completed application in its entirety
- ☐ Review items needed for operation (see reverse side of this letter for list of items).
- ☐ Enclose appropriate payment of fee(s) by check or money order payable to: **Ulster County Commissioner of Finance**

Temporary Food Service Establishments fees:

For profit.....$50.00
*Not-for-Profit.....$ 0.00

Returned check fee.....$35.00
****Administrative Late fee**..... $25.00

** If your organization is not-for-profit, please record this in the proper space provided on the application and the $50.00 fee will be waived. However, if application is not received five (5) days prior to opening date, the administrative late fee will still be applied.*

*** An administrative late fee of $25.00 will be assessed if your application is not received 5 days prior to your operation start date.*

ALL PERMIT APPLICATION FEES ARE NON-REFUNDABLE

- ☐ Return all of the above to:

Ulster County Department of Health
Environmental Health Services Division
300 Flatbush Avenue
Kingston, NY 12401

Anyone preparing food, other than on-site, must prepare their food at an establishment that has a valid Department of Health or Department of Agriculture and Markets permit and are also required to comply with the Ulster County Sanitary Code, Article VI.

ITEMS NEEDED FOR OPERATION

- Single service articles (paper plates, paper napkins, plastic utensils, etc.).
- Proper utensils, plastic gloves, and/or deli paper must be used to eliminate unnecessary hand-food contact.
- Equipment must be present to cook or reheat foods to 165 degrees Fahrenheit or above and to maintain food temperature at 140 degrees Fahrenheit during hot holding.
- Equipment must be present to maintain refrigerated food temperatures at 45 degrees Fahrenheit or below.
- Potentially hazardous foods must be transported at temperatures of above 140 degrees Fahrenheit or below 45 degrees Fahrenheit.
- Equipment used for refrigeration must have thermometers. A stab thermometer (0-220 degrees Fahrenheit) is required for checking hot and cold food temperatures.
- Water and ice must be obtained from an approved source. Home sources are not approved.
- Three containers (minimum 5 gallons each) to wash, rinse, and sanitize kitchenware.
- A container for sanitizing wiping cloths (100 ppm bleach).
- A covered container (minimum 5 gallons) with a spout for fresh water storage.
- Liquid soap dispenser and paper towels for hand washing.
- Food should not be stored in undrained ice.
- Garbage cans with liners and covers.
- Bathroom facilities must be provided at the temporary food service site.

Ulster County Department of Health
Environmental Health Services
300 Flatbush Avenue
Kingston, NY 12401-2740
(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: _____

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: _____

Mailing Address: _____

City _____ State _____ Zip_____

Telephone Number: _____

Not-for-profit Organization: Yes_____ No_____

Food to be served: _____

_____

_____

Food to be obtained from: _____

Equipment to 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 _____

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.

_____