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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 \$30.00 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: _____