

# APPLICATION FOR TEMPORARY FOOD PERMIT(S)

Operation of a food service establishment as defined in the code without a permit is a violation of Chapter V of the Niagara County Sanitary Code, Part 14 of the NYS Sanitary Code, and a misdemeanor.

*A temporary food service establishment is a place where food is prepared or handled and served to the public, with or without charge, at a fixed location, in conjunction with a single event or celebration of not more than 14 days.*

Establishment/Organization/Business:	Phone Number:
Address:	
Name of Contact Person:	Contact's Phone:
Contact's Address:	
Organization Holding Function:	
Type of Function:	List all types of Food:
Location of 1 <sup>st</sup> Function (if more than one event, please complete the back of this application)	
Dates of Operation: From _____ To _____ Hours of Operation: From _____ to _____	

**Application, listing of events, fee and required insurance (list of acceptable forms attached) must be submitted at least 15 days prior to the first day of operation, or a late fee of 50% of the permit fee will be additionally charged.**

Type of Application - Please check one:

- ( ) Temporary Single event (less than 15 consecutive days) .....\$50.00
- ( ) Temporary Single event Frozen Dessert .....\$15.00
- ( ) Multiple Temporary (180 consecutive days) ..... \$215.00
- ( ) Multiple Temporary (180 consecutive days) Frozen Dessert..... \$25.00

***Return completed application, a listing of all events and fee to:***

Niagara County Department of Health, 5467 Upper Mountain Road, Lockport, NY 14094.

Please make all checks payable to Niagara County Department of Health.

A \$20.00 service charge will be charged when a check is returned for insufficient funds.

**A copy of a multiple temporary application will be returned to you and must be displayed at each event. If more events are added after submission, you MUST notify this office at 439-7579 ASAP.**

The undersigned applicant hereby agrees to operate the food service establishment described above in complete compliance with the requirements of Chapter V of the Niagara County Sanitary Code and Part 14 of the NYS Sanitary Code, copies of which the applicant has received and acknowledges that he/she is acquainted with the contents.

Signature of Operator: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		Received by
Date Received	Amount Received	Cash M.O Check
Application valid		
From: _____ to _____		

