

Application for Permit(s) to Operate Temporary Food Service

Niagara County Health Department

Section A: Owner/Operator Information

Permit Application Information

Business Name: _____

Contact Person: _____

First

Last

Address: _____

City

State

Zip Code

Phone: _____

Email Address: _____

Section B: Please list all events for which Permit is needed

Organization Holding Function

Name Of Event

Location of Event

Food to be Served:

Dates and Time of Function:

Additional events can be added to the back of this form

Type of Permit Needed:

- | | |
|---|----------|
| <input type="checkbox"/> Temporary Single Event (less than 15 consecutive days) | \$50.00 |
| <input type="checkbox"/> Temporary Single Event with Frozen Dessert | \$65.00 |
| <input type="checkbox"/> Multiple Temporary (180 days) | \$215.00 |
| <input type="checkbox"/> Multiple Temporary with Frozen Food Dessert | \$240.00 |

Payments can be made by check payable to NCDOH (a \$20.00 service fee will be charged for checks returned for insufficient funds), credit card with a 3% service charge or cash. Application must be submitted 15 days prior to event or a 50% late fee will be charged. Any questions or to pay by phone contact 716-439-7444

Section C: Workers' Compensation & Disability Insurance-Must be submitted for compliance with Worker's Compensation Law

A. Workers Compensation and Disability Insurance Coverage PROVIDED

Workers Compensation

Form C-105.2 - Certificate of Worker's Compensation Insurance OR

Form U-26.3 - Certificate of Worker's Compensation Insurance OR

Form SI-12 - Certificate of Worker's Compensation Self Insurance OR

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

AND

Disability Benefits

DB-120.1 - Certificate of Disability Benefits OR

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

B. Worker's Compensation and Disability Insurance Coverage is NOT PROVIDED

Form CE-200 - Certificate of Attestation of Exemption from NYS Worker's Compensation and Disability Benefits Coverage

Please return completed application to:

Niagara County Department of Health
55 Stevens Street
Lockport, NY 14094

or via email to: inspections@niagaracounty.gov

