APPLICATION FOR TEMPORARY FOOD PERMIT

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 <u>fixed location</u>, in conjunction with a single event or celebration of not more than 14 days***

Establishment/Organization/Business:	Phone Number:
Address to Mail Permit: Address.	
Name of Contact Person: Email:	Contact's Phone:
Organization Holding Function: Click or tap here to enter text.	
Name of Event:	List all types of food: Click or tap here to enter text.
Location of 1st Function **(if more than one event, please complete the 2nd page of this application)**	
Dates of 1st Event: From: To	Hours of 1st Event: From: To

Application and fee payable by check made out to NCDOH (a $20.00 service charge will be charged when a check is returned for insufficient funds) or credit card over the phone with a 3% charge applied, 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, 55 Stevens Street, Lockport, NY 14094
or by email to Inspections@niagaracounty.gov

A copy of this application will be returned to you and must be displayed at each event

<u>If more events are added after submission, you MUST notify this office at 716-439-7511 ASAP</u>

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: _____

FOR OFFICE USE ONLY		Received by
Date Received Date	Amount Received Amt	Cash Check Credit Card
Application valid		
From: To		

Name of Event:	Date:	Times:	Location (Street & City):	Menu (if different from front page):