

# ERIE COUNTY DEPARTMENT OF HEALTH

DIVISION OF ENVIRONMENTAL HEALTH SERVICES

503 Kensington Avenue, Buffalo, N.Y. 14214

## APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

SUBMIT THIS APPLICATION LEAST 5 DAYS BEFORE THE FIRST DAY OF OPERATION (PLEASE PRINT OR TYPE)

1. EVENT: **ERIE COUNTY FAIR 2019** August 7-18, 2019  
**5600 MCKINLEY PARKWAY**  
**HAMBURG, NY 14075**

2. STAND INFORMATION:

Name of Food Stand: \_\_\_\_\_

Foods to be served: \_\_\_\_\_

Stand Location: \_\_\_\_\_

3. OPERATOR:

a) Owner /Corporation \_\_\_\_\_

b) Corporation Officer \_\_\_\_\_ Title \_\_\_\_\_

c) Address \_\_\_\_\_ City/Town \_\_\_\_\_

d) State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

e) Responsible Person \_\_\_\_\_ Email: \_\_\_\_\_

4. WORKER'S COMPENSATION/DISABILITY BENEFITS INSURANCE:

Proof of coverage or exemption is required for permit issuance

WC Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Dates: \_\_\_\_\_

DBI Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

5. FEE REQUIRED: Make Checks Payable to **Erie County Commissioner of Finance**

No. of Days of Operation at Event	5 or more days prior to event:		4 days or less prior to event:	
1-3 Days	\$106	<input type="checkbox"/>	\$146	<input type="checkbox"/>
4-7 Days	\$120	<input type="checkbox"/>	\$150	<input type="checkbox"/>
8 - 14 Days	\$150	<input type="checkbox"/>	\$190	<input type="checkbox"/>
Frozen Dessert Machine			\$25.00	<input type="checkbox"/>

Total Fee Due  
\$ \_\_\_\_\_

6. SIGNATURE Print Name \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

