

ERIE COUNTY HEALTH DEPARTMENT APPLICATION AND FEE WAIVER REQUEST

I request a waiver of the Erie County Health permit fee to operate a Temporary Food Establishment for a **period not to exceed 3 days** at the location indicated below.

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A VALID PERMIT IS A VIOLATION OF PART 14 OF THE NEW YORK STATE SANITARY CODE.

SUBMIT THIS APPLICATION AT LEAST 5 DAYS BEFORE THE FIRST DAY OF OPERATION.

- 1. EVENT
 - a) Name _____
 - b) Location _____
 - c) Municipality _____
 - d) First & Last dates of Event _____
- 2. FOOD STAND
 - a) Name _____
 - b) Location at Event _____
 - c) Foods to be served _____
- 3. ORGANIZATION
 - a) Name _____ Phone _____
 - b) Permanent address: _____
 - c) Municipality _____ State _____ Zip _____
 - d) Responsible Person _____ Fax _____

I certify the above named organization is (*check one*):
CHARITABLE ____; **PHILANTHROPIC*** ____; **RELIGIOUS** ____; **MUNICIPAL CORP** ____
***A not-for-profit organization whose primary purpose is to provide a beneficial service to the community.**

The New York State Tax exempt number is _____

The Federal Tax ID number is _____

I further certify I am a duly authorized representative of said organization and empowered to act on behalf of said organization in this matter.

This instrument is offered for filing in the records of the Erie County Department of Health in order to secure exemption from otherwise applicable fees. Knowingly false statements or information contained in this instrument are punishable as a felony under New York Sate Penal Law.

Signed _____ Date _____

Title _____

IF THIS APPLICATION IS APPROVED, THE SIGHNER ABOVE, ACTING ON BEHALF OF THE ORGANIZATION, AGREES TO OPERATE THE TEMPORARY ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE. APPLICANT ALSO ACKNOWLEDGES THAT WORKERS COMPENSATION AND DISABILTY INSURANCE ARE IN FORCE AS REQUIRED BY LAW.

FOR DEPARTMENT USE Conditions _____

Permit # _____ Inspector _____