

STEPS NECESSARY FOR APPROVAL TO OPERATE
A MOBILE FOOD SERVICE or PUSH CART

1. Submit completed application to this office at least 21 days prior to commencing operation. The application will NOT be considered complete and an opening inspection will NOT be conducted until we have received the following:
 - Copy of Business Certificate (front and back) or Corporate Filing Receipt and list of corporate officers with addresses and phone numbers
 - Certificates of Insurance for both Workers' Compensation and Disability Insurance or Workers' Compensation Exemption Form CE-200
 - Photos showing type of cart or mobile unit and all equipment
 - A letter from your commissary granting permission for use. **All mobile units are required** to have a commissary under permit.
 - Fee: \$192 for each unit and \$223 for commissary

2. **A final inspection is required prior to opening your facility.** Contact the Food Protection Section at 315-435-6607 to schedule an appointment for this inspection after you have submitted the appropriate documents and information requested above.

GUIDELINES FOR OPERATING MOBILE UNITS/PUSH CARTS

1. Menu items should be listed on application; **only approved menu items may be served.**
2. Push cart operators may serve **only** pre-cooked foods which require reheating; e.g. frankfurters.
3. Mobile units are to be serviced at a frequency necessary to maintain sanitary conditions; i.e. at least every 72 hours for mobile unit if self-contained, and daily for push carts.
4. Perishable foods shall be stored to maintain product temperature **below 45°F** or kept **above 140°F**. The time between preparation and serving shall be as short as possible. Thermometers accurate to plus or minus 2°F must be provided to assure proper temperatures. Metal stem type product thermometers must be used to determine proper internal temperatures.
5. **Approved hand washing facilities must be provided on the unit (clean running water, soap and paper towels).**
6. **No employees shall resume work after visiting the toilet room without first washing their hands.**

OVER

7. Food service workers must be properly dressed, wear clean uniforms or aprons, and both male and female workers must have hair restrained.
8. All food service workers are to be free from illness, boils, sores and cuts.
9. Food service workers shall not smoke or eat while working in the preparation or serving area.
10. Food is to be obtained from **approved** sources that comply with all laws relating to food processing and food labeling.
11. Foods are to be protected from dust, insects and exposure to customers.
12. Sewage and liquid wastes are to be stored in an approved manner and disposed in public sanitary sewers or sewage disposal systems.
13. Facilities for proper refuse storage and disposal are to be provided.
14. Counter surfaces, exterior panels and shelving are to be constructed of easily cleanable materials and are to be maintained clean.
15. Cleaning compounds are to be properly labeled and stored away from foods.
16. Special attention must be given to frequent cleaning of all food-contact surfaces, shelving, refrigerators, food display units, grills, etc.

NOTE: Please remember to obtain permission from the official of the municipality in which you wish to vend.



Onondaga County Health Department

Joanne M. Mahoney, County Executive
Indu Gupta, MD, MPH, Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health
Lisa A. Letteney, P.E., Director

Food Protection Section
Phone (315) 435-6607 · Fax (315) 435-6606
Email: foodprotection@ongov.net

NOTICE TO PERMIT APPLICANTS

New York State Workers' Compensation regulations require that a permit applicant present documentation of Workers' Compensation and Disability Insurance coverage or proof of exemption prior to any permit being issued or renewed.

Acceptable documentation for Workers' Compensation coverage is one of the following:

- Form C-105.2 – Certificate issued by applicant's insurance carrier
- Form U-26.3 – Certificate issued by the State Insurance Fund
- Form SI-12 – Certificate of Self-Insurance
- Form GSI-105.2 – Certificate of participation in Group Self-Insurance

Acceptable documentation for Disability Insurance coverage is one of the following:

- Form DB-120.1 – Certificate issued by applicant's insurance carrier
- Form DB-155 – Certificate of Self-Insurance

Proof of Exemption for Workers' Compensation and/or Disability Insurance is:

- Form CE-200 – Certificate of Attestation of Exemption

Information concerning Workers' Compensation Insurance and exemptions can be obtained by contacting your local Workers' Compensation Board office (in Syracuse 1-866-298-7830) or by visiting the Internet site www.wcb.ny.gov. Please note that Exemption Certificate Form CE-200 can be completed and printed using this site, and this is the method preferred by the Workers' Compensation Board. (The link to Form CE-200 is found in the lower right-hand side of the website home page.)

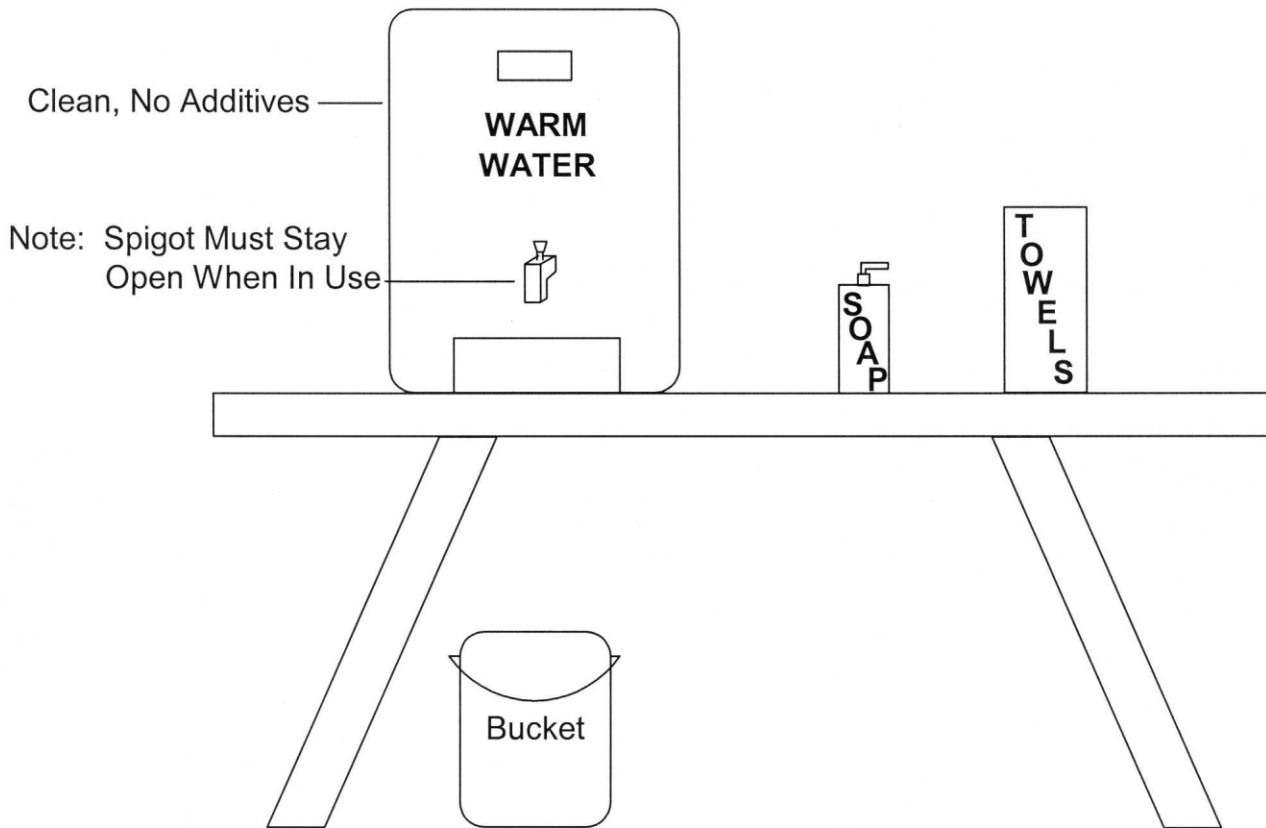
As required by the New York State Workers' Compensation Law, the Onondaga County Health Department now requires proof of Workers' Compensation and Disability Insurance coverage or Exemption Form CE-200 be submitted prior to the issuance of operating permits.

Please contact this office at 315-435-6607 if you have questions.

Recommended Hand Washing Facilities

For A

Temporary Food Service Establishment



FOOD SAFETY NOTICE

BY ORDER OF THE COMMISSIONER OF HEALTH, ONONDAGA COUNTY HEALTH DEPARTMENT

ALL EMPLOYEES OF THIS FACILITY ARE REQUIRED TO PROVIDE BARRIERS TO ELIMINATE ALL DIRECT HAND CONTACT WITH FOODS INTENDED TO BE SERVED COLD OR WITHOUT FURTHER COOKING. THEREFORE, ALL EMPLOYEES ARE REQUIRED TO HANDLE THESE FOODS WITH CLEAN DISPOSABLE PLASTIC GLOVES OR OTHER SUITABLE UTENSILS.

SPECIFIC EXAMPLES WHERE PLASTIC GLOVES ARE REQUIRED:

- **WHEN PREPARING FRUITS AND RAW VEGETABLES**
- **WHEN PREPARING SALADS**
- **WHEN HANDLING BREAD OR ROLLS**
- **WHEN PREPARING SANDWICHES**
- **WHEN SCOOPING ICE**

IN ADDITION, EITHER CLEAN PLASTIC GLOVES OR UTENTILS SUCH AS TONGS, DELI WRAP, NAPKINS, OR OTHER SUITABLE BARRIERS ARE REQUIRED TO BE USED WHEN DISPENSING ALL FOODS TO THE CONSUMER. EXAMPLES WOULD BE DELI WRAP FOR BAKED GOODS, SPATULA TO SERVE COOKED PIZZA SLICES, TONGS TO SERVE COOKED PIECES OF CHICKEN.

FAILURE TO COMPLY WITH THIS ORDER CAN RESULT IN AN ADMINISTRATIVE HEARING, FINES, AND TEMPORARY SUSPENSION/REVOCAION OF FOOD SERVICE ESTABLISHMENT PERMIT.

HAND CONTACT WITH FOOD IS ACCEPTABLE ONLY WHEN THE FOOD WILL BE COOKED PRIOR TO SERVICE.

SPECIFIC EXAMPLES ARE:

- **PREPARING RAW MEATS FOR COOKING**
- **PREPARING A PIZZA PRIOR TO COOKING**
- **PREPARING DOUGH FOR BAKED GOODS PRIOR TO COOKING**

ALL EMPLOYEES ARE REQUIRED TO WASH THEIR HANDS PRIOR TO USING GLOVES OR UTENSILS AND ENGAGING IN ANY FOOD PREPARATION, WHENEVER THEIR HANDS BECOME SOILED AND ALWAYS AFTER USING THE RESTROOM.

THIS NOTICE MUST BE CONSPICUOUSLY POSTED IN A PUBLIC AREA FOR REVIEW. OBSERVED VIOLATIONS OF THESE PROVISIONS SHOULD BE REPORTED TO THE DIVISION OF ENVIRONMENTAL HEALTH, FOOD PROTECTION SECTION, AT:

315-435-6607

Date _____

**APPLICATION FOR A PERMIT TO OPERATE
A MOBILE FOOD SERVICE or PUSH CART**

To be submitted at least **21 days** before the first day of operation.

NOTE: The required opening inspection will not be conducted until a Business Certificate or Corporation Filing Receipt with list of corporate officers, Certificates of Insurance for both Workers' Compensation and Disability Insurance or Workers' Compensation Exemption Form CE-200, pictures of mobile unit, commissary letter and fee have been submitted.

BUSINESS NAME		
OWNER		
OWNER'S ADDRESS		
OWNER'S PHONE NUMBER		
OWNER'S EMAIL ADDRESS		
COMMISSARY NAME		
COMMISSARY ADDRESS		
WATER SUPPLY CAPACITY		
SEWAGE SYSTEM HOLDING CAPACITY		
OPENING DATE		
MOBILE UNIT FEE	\$192.00	Please enclose check or money order payable to the ONONDAGA COUNTY HEALTH DEPARTMENT
COMMISSARY FEE	\$223.00	
FROZEN DESSERT	YES _____	NO _____

Certificates of Insurance for both Workers' Compensation and Disability Insurance or a Workers' Compensation Exemption Form CE-200 must be attached to this application. Permits will not be issued until this documentation has been received.

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE II OF THE ONONDAGA COUNTY SANITARY CODE.

TITLE	SIGNATURE
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PRINT NAME _____

For official use only

INSPECTOR _____

TOWN _____

RISK _____

STIPULATIONS _____

COMMISSARY _____

PERMIT NO. _____

DATE ISSUED _____



ongovhealth
Onondaga County
Health Department
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FOOD PROTECTION SECTION
DIVISION OF ENVIRONMENTAL HEALTH
ONONDAGA COUNTY HEALTH DEPARTMENT
421 Montgomery Street, 12th floor
Syracuse, New York 13202
Telephone 315-435-6607 Fax 315-435-6606
Email: FoodProtection@ongov.net

1. TYPE OF VEHICLE (MOTORIZED, PUSH CART) _____
2. MOTOR VEHICLE LICENSE NUMBER OR UNIT NUMBER _____
3. LOCATION/AREA SERVED _____
4. LIST OF FOODS TO BE SERVED:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.
 - j.
 - k.
 - l.

PLEASE NOTE:

YOUR MOBILE/PUSH CART FOOD SERVICE PERMIT ALLOWS YOU TO VEND ONLY THOSE ITEMS STATED ON YOUR PERMIT, AND ONLY FROM YOUR SELF-CONTAINED UNIT.

SHOULD YOU WISH TO PARTICIPATE IN AN EVENT WHICH REQUIRES ADDITIONAL OR OTHER FOOD ITEMS, AND/OR REQUIRES STANDS AND AREAS IN ADDITION TO YOUR SELF-CONTAINED UNIT, YOU MUST OBTAIN A TEMPORARY FOOD SERVICE PERMIT FOR EACH SUCH EVENT.