Monroe County Department of Public Health
Food Protection
111 Westfall Road – Room 832
Rochester, New York 14620
Phone (585) 753-5064 / Fax (585) 753-5013
food@monroecounty.gov

OFFICE USE ONLY
Date Received _____/_____/_____ R
GAZ# _____
Payment Type: ☐ Check ☐ CC ☐ MO ☐ Cash
Amount $_____ Check/MO #_____
☐ CFW ☐ WC ☐ DB ☐ Websales

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

In accordance with subpart 14-2 of the New York Sanitary Code

COMPLETE ONE FORM PER EVENT PER BOOTH

FEES: 1 DAY EVENT: **$55.00** 2-3 DAY* EVENT: **$85.00** 4-14 DAY* EVENT: **$115.00** LOW RISK 1-14 DAY* EVENT: **$55.00**
*(*CONSECUTIVE)*

*Please submit application **at least 10 days prior** to the event or an **$18 LATE FEE** will be applied. The fee must accompany this application payable by cash, check or money order to the **Monroe County Department of Public Health***
For Credit Card payments please complete the Credit Card Authorization Form.

1. BOOTH INFORMATION

_____ _____ _____ to _____
Name of Food Booth | Serving Date(s) | Serving Time(s)

_____
Name of Event/Festival

_____ _____ _____ _____
Event/Festival Address | City | Zip | Dates of Event/Festival

_____ _____ _____/_____/_____
Name of Certified Food Worker* (*if applicable*) | Certificate # | Expiration Date

YOU MUST INCLUDE A COPY OF A CURRENT CERTIFICATE WITH THIS APPLICATION IF MEDIUM OR HIGH RISK

2. CONTACT INFORMATION

_____ _____
Name of Person Responsible for Booth Operation | Organization/Company Name (if applicable)

_____ _____
Email (*REQUIRED*) | Cell Phone (*REQUIRED*)

_____ _____ _____
Contact Address | City | Zip

3. FOOD INFORMATION

Where are food/beverages to be prepared? **(*HOME-PREPARED FOODS ARE NOT ALLOWED)***

On Site? ☐ **If not, Permitted Facility name**: _____

List of Hot Foods: _____

How Will They Be Transported (ex. Cambros)? _____

List of Cold Foods: _____

How Will They Be Transported? _____

Beverages: Prepackaged/Bottled? ☐ Blended/Mixed Drinks? ☐ Served with Ice? ☐

Describe:_____

4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

(Proof of insurance is required prior to permit issuance)

Workers' Compensation: Check and Submit Certificate with Application

☐ Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**

☐ Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**

☐ Form SI-12 – Certificate of Workers' Compensation Self-Insurance; **OR**

☐ GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

☐ DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**

☐ DB-120.2 - Certificate of Disability Benefits Group Self-Insurance (issued by the applicant's insurance carrier); **OR**

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

NOTE- WE CANNOT ACCEPT THE "ACORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.

When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application

☐ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is **NOT** provided)

Note: Instructions for obtaining and filing a Certificate of Attestation of Exemption from the NYS Workers' Compensation and/or Disability (CE-200) through New York Business Express are located on **businessexpress.ny.gov** Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 W. Main St, Rochester, NY 14614**. **Questions? Call the NYBE contact Center: (877) 632-4996**

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Operator's Signature _____

*Operator's Name (Print)*_____

Date of Application _____

THIS IS NOT A PERMIT TO OPERATE!

A temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).

HAND WASH STATION ORDER FORM

Show Information

Show Name:	Rochester Home Show	Show Code:	RO F26
Venue:	Gordon Fieldhouse & Activities Center at RIT	Show Dates:	September 12 & 13, 2026

Exhibitor Information

Company Name:	_____	Phone Number:	_____
Contact Name:	_____	Email Address:	_____

Order

All forms must be submitted no later than **August 28, 2026** to ensure your order is processed.

Please note that on-site orders will not be accepted for this event.

Service	Rate	Quantity	Total (Includes Tax)
Hand Wash Station	$135.00		

Total Charges: _____

Payment

Payments can only be made online. Please visit acsshows.com > I Am An Exhibitor > Pay For Your Booth Online or click the link below:
www.acsshows.com/current-exhibitors/pay-for-your-booth/1

Please select the show you are exhibiting in. In the "Invoice Number" field, enter "Deco" as your invoice number.

A confirmation email will be sent to you once the payment has been processed. All orders must be paid in full before services will be provided.

Submit Your Completed Form

Once you've completed this form, please email it to ACS via the email and subject line below.

Email Address: orders@acsshows.com

Email Subject Line: RO F26 - Hand Wash Station Order Form

For questions or assistance, please feel free to reach out to info@acsshows.com.