

**ERIE COUNTY DEPARTMENT OF HEALTH 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 State Penal Law.

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

Title \_\_\_\_\_

IF THIS APPLICATION IS APPROVED, THE SIGNER 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 DISABILITY INSURANCE ARE IN FORCE AS REQUIRED BY LAW.

**Submit by fax to 716-961-6880 or  
Mail to Erie County Department of Health, 503 Kensington Avenue, Buffalo, New York 14214**

FOR DEPARTMENT USE Conditions \_\_\_\_\_

Permit # \_\_\_\_\_ Inspector \_\_\_\_\_