

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 all corporate officers with addresses and phone numbers
 - Certificates of Insurance** for both **Workers' Compensation** and **Disability Insurance**, or **CE-200 Certificate of Attestation of Exemption**
 - Photos** showing type of cart or mobile unit and all equipment
 - A signed letter from your **commissary** granting permission for use (you may use the attached **Commissary Agreement** form).* **All mobile units are required by New York State** to have a commissary under permit.
 - Fee payment.** \$192 for each unit and \$223 for commissary**
2. **An opening inspection is required prior to operating your mobile unit.** After you have submitted the appropriate documents and information requested above, please contact our office to set up a date and time for your opening inspection.

** If your commissary is in a county other than Onondaga County, please also provide a copy or photo of the commissary's health permit issued by the county it resides in.*

*** If your commissary is an establishment you own and is already permitted through Onondaga County, you do not need to pay the commissary fee.*

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.**
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

J. Ryan McMahon II, County Executive
Kathryn Anderson, MD, PhD, MSPH, 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.

These certificates must be requested directly from your insurance carrier.

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

If you are exempt from one or both of the above, we will require:

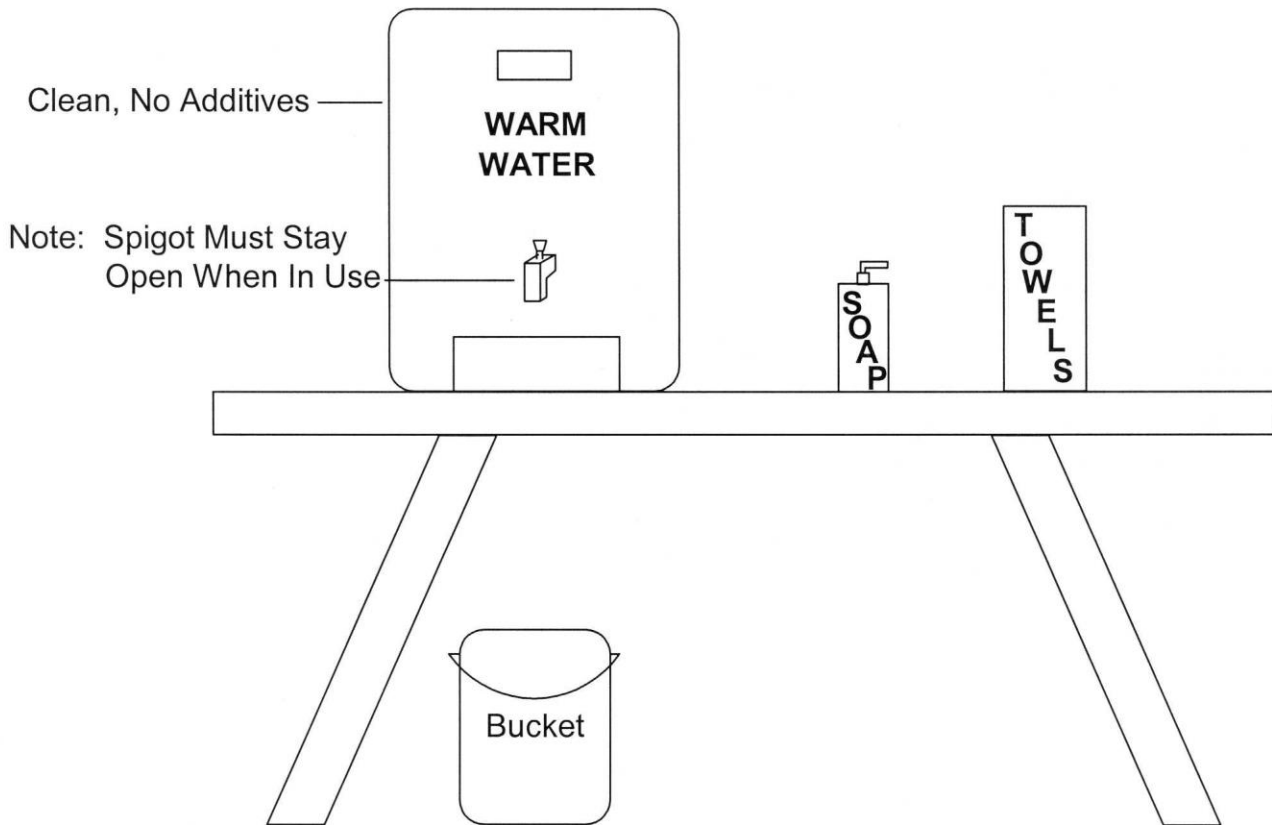
Proof of **Exemption for Workers' Compensation and/or Disability Insurance**:

- **Form CE-200** – Certificate of Attestation of Exemption

The CE-200 can be obtained online at <https://businessexpress.ny.gov/>. The certificate will be issued the same day you applied. Please print it out, sign and date the bottom, and provide a copy to this office.

NOTE: We **cannot** accept an ACCORD 25 Certificate of Liability Insurance form as proof of workers compensation.

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 UTENSILS 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

APPLICATION FOR A PERMIT TO OPERATE A

DATE: _____

MOBILE FOOD SERVICE or **PUSH CART** (check one)

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

NOTE: The required opening inspection will not be conducted until the following have been submitted:

- ✓ **Business Certificate or Corporation Filing Receipt** with list of corporate officers
- ✓ **Certificates of Insurance for both Workers' Compensation and Disability Insurance or CE-200 Certificate of Attestation of Exemption**
- ✓ **Pictures of mobile unit** ✓ **Commissary Letter** ✓ **Permit Fee**

BUSINESS NAME/DBA		OPENING DATE	
PHONE NUMBER		FAX	
EMAIL		WEBSITE	

OWNER/CORP. NAME			
ADDRESS	<small>Street Address</small>	<small>City</small>	<small>ZIP</small>
PHONE NUMBER		EMAIL	

COMMISSARY NAME			
COMMISSARY ADDRESS	<small>Street Address</small>	<small>City</small>	<small>ZIP</small>
WATER SUPPLY CAPACITY		SEWAGE SYSTEM HOLDING CAPACITY	
FROZEN DESSERT MACHINE (check one): Yes No (if "Yes" add \$25 Frozen Dessert fee to total fee)			

Mobile Unit Fee \$192	\$	PLEASE COMPLETE SECOND PAGE OF APPLICATION
Commissary Fee \$223		
TOTAL FEE		

IF APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF SUBPART 14-4 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

PERMIT NO. _____ RISK _____
 TOWN _____ OPERATION ID _____
 INSPECTOR _____



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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, NY 13202
 Telephone 315-435-6607 Fax 315-435-6606
 Email: FoodProtection@ongov.net

AMOUNT PAID _____

LOG NO. _____

CHECK NO. _____

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.



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COMMISSARY AGREEMENT (Mobile Units, Pushcarts, Caterer)

A commissary is a place where food is stored, processed or packaged and prepared in individual portions for service at a food service establishment. A commissary supplying vending machines, mobile food service establishments, or owned and operated by an owner operating the food service establishment exclusively served by the commissary, is to be operated under permit and in accordance with New York State Sanitary Code Subpart 14-1.

Section 1 – To be completed by PERMIT APPLICANT

Business Name _____

Owner/Operator Name _____

Type of Operation Mobile Unit/Pushcart Caterer Bakery

Note: This Commissary Agreement will expire on January 31st of each calendar year. If agreement is modified or cancelled, you must notify this department immediately by calling 315-435-6607.

Section 2 – To be completed by COMMISSARY OWNER/OPERATOR

Commissary Name _____

Street Address _____

City _____ Zip _____ Phone _____

Permit/License Number _____ *(Please attach a copy of the permit/license if commissary is not currently permitted by Onondaga County Health Department)*

Check appropriate services provided by your commissary:

- | | |
|---|---|
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Food and utensil Storage | <input type="checkbox"/> Handwashing facilities |
| <input type="checkbox"/> Three compartment sink | <input type="checkbox"/> Toilet facilities |
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Refrigeration equipment |
| <input type="checkbox"/> Hot and cold potable water | <input type="checkbox"/> Food preparation equipment |
| <input type="checkbox"/> Disposal of garbage/refuse and oil | <input type="checkbox"/> Other _____ |

Owner/Operator of Commissary (please print) _____

Signature _____ Date _____