

# 2022 TASTE OF THE NORTH COUNTRY

## Terms and Conditions Agreement

Please SIGN THIS COPY and fax to 518-636-0828.

If you have questions about these terms and conditions, please contact Larry weaver at 518-361-6610 or [Larry@glensfallstaste.com](mailto:Larry@glensfallstaste.com).

FESTIVAL HOURS: 11:00 AM - 3:00 PM, Sunday, October 2, 2022

INSTALLATION OF BOOTHS:

All booths can be installed beginning at 7:00 AM Sunday, October 2, 2022 All booths MUST be complete by 10:30 AM and be ready to serve by 10:45 AM. All exhibitors must make every effort to serve sample size portions of food until 3:00 PM. Dismantling and removal of booths will begin **after** 3:30 PM Sunday, October 2nd. Failure to participate in accordance with this contract may affect future participation.

BOOTH SPACE INCLUDES:

One eight-foot table, two chairs, one table sign with restaurant name, dishes being served and price in food coupons of the dishes, one booth sign with the restaurant name, dishes being served and price in food coupons of dishes being served, assistance from Kiwanis members in moving, setting up and removing booth, six free admissions, complimentary beverages for staff working the booth. Additional 8 foot tables may be ordered through this contract for \$20.00 each.

BOOTH SPACE DOES NOT INCLUDE:

Eating utensils, dishes, condiments, grills, propane burners, electricity, booth decorations, or table linens

SPACE ASSIGNMENT:

Spaces are assigned at the discretion of the festival committee. Restaurants shall not assign or share their allotted space without the knowledge and written consent of the festival committee.

HOLD HARMLESS AND INSURANCE:

The Restaurant Exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury, damage to, or theft of the restaurant exhibitor's displays, equipment, food and other property brought into City Park and shall indemnify and hold harmless the City of Glens Falls, Kiwanis Club of Glens Falls, Kiwanis Club of Glens Falls Foundation, Inc., Kiwanis International and their agents, servants, and employees from all such losses, damages and claims that may arise. The City of Glens Falls, Kiwanis Club of Glens Falls, Kiwanis Club of Glens Falls Foundation, Inc., Kiwanis International will not be liable to the restaurant exhibitor, its employees, agents, business invitees or guests for any damage, loss or injury from fire, electricity, water, storm, riot, smoke, theft, accident, or other cause. The restaurant exhibitor agrees to provide insurance coverage covering the City of Glens Falls, Kiwanis Club of Glens Falls, Kiwanis Club of Glens Falls Foundation, Inc. in the amount of \$1,000,000.00 for personal injury and property damage liability. Insurance coverage for personal injury and property damage liability shall be carried at the restaurant exhibitor's expense.

COUPON REIMBURSEMENT:

All exhibitors will retain the food coupons that they take in during the course of the festival. At the conclusion of the festival all coupons collected will be turned in to the Kiwanis Club of Glens Falls. For each coupon turned in the exhibitor will receive \$0.40. After one week, the Glens Falls Kiwanis will deliver (or mail checks) to the exhibitor. ALL COUPONS will be \$1.00. By signing this form restaurant agrees to abide by all the rules, regulations and decisions of the festival committee.

Signature Required \_\_\_\_\_

Date: \_\_\_\_\_ Name (Print) \_\_\_\_\_

Restaurant Name (Print) \_\_\_\_\_

## Application Checklist for Operators Department of Health

This application package contains the forms that are required to apply for a temporary food service permit as well as other materials describing State Sanitary Code requirements regarding safe food handling during temporary food service events. Please review these materials carefully and contact the District Office with any questions.

The following items are enclosed:

- Application for Permit(s) to Operate Temporary Food Service
- Fee (Fees have been waived for this event)
- Worker's Compensation and Disability Insurance information
- New York State Sanitary Code, Subpart 14-2, Temporary Food Service Establishments

The checklist below will help ensure your application is complete. Multiple temporary food service events within the same District Office jurisdiction can be placed on a single application. A fee of \$30 is required for each application submitted. (Fee has been waived)

Please submit the following items:

\_\_\_\_\_ Application for a Permit to operate a Temporary Food Service (Form DOH 3695TF)

- If you have multiple stands operating the same day, you must complete a separate application for each stand
- Your permit will be valid only for the events listed on your application. Adding additional events later will require a new application.

\_\_\_\_\_ Fee Determination Schedule (Form DOH 222) **Fees have been waived.**

\_\_\_\_\_ Payment:

- Unless you are a fee exempt operator/ entity, enclose check or money order payable to: New York State Department of Health.

\_\_\_\_\_ Sanitation Plan Assessment

- Complete an assessment for each event location listed on your application

\_\_\_\_\_ Worker's Compensation Certificate (or exemption attestation). See enclosed information

\_\_\_\_\_ Disability Insurance Certificate (or exemption attestation). See enclosed information

Submit the application:

Please Submit application forms and payment to the District Office below at least ten days prior to the first event to allow for adequate processing time. Return Forms to:

Glens Falls District Office  
77 Mohican Street  
Glens Falls NY 128014429  
(518) 793 - 3893

To access these forms or the Sanitary Code online, please visit our website, [www.health.ny.gov/tempfood](http://www.health.ny.gov/tempfood)

# Temporary Food Service

## Application for Permit(s) to Operate

State of New York Department of Health

### Section A: Owner/Operator Information

#### Permit Application Information

Operating Corporation

Person in Charge \_\_\_\_\_  
First M.I. Last

Legal Address \_\_\_\_\_

Total Fee: \_\_\_\_\_

SSN or EIN Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other Name(s) to print on Permit: \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Cell Other (Circle One)

### Section B: Please list all Events for which Permits are needed.

Event/Location Address	Operation Name	Dates/Hours of Operation
<b>City Park Glens Falls NY</b>	<b>Taste of the North Country</b>	<b>10/2/2022 11 :00AM-3 :00PM</b>

### Section C: FOODS (Please attach additional foods served info for each event listed, if different)

Name of Food	Supplier of Ingredients	Where and How food will be prepared and served, How kept Hot/Cold

Will all food preparation be at the concession? Yes No

If-not, please describe:

# Temporary Food Service

not, please describe.

For

Office Use Only

## Application for Permit(s) to Operate State of New York Department of Health

### Section D: Workers' Compensation and Disability Insurance

#### Section D: Workers' Compensation and Disability Insurance

Submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers Compensation and Disability Insurance Coverage is PROVIDED Workers Compensation

Form C-105.2 — Certificate of Worker's Compensation Insurance OR Form

U-26.3 — Certificate of Workers' Compensation Insurance 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

DB-120.1 - Certificate of Disability Benefits OR

Form DB-155 — Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage is NOT PROVIDED

Form CE-200 — Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Please return completed application to: State of New York Department of Health

Glens Falls District Office  
77 Mohican Street  
Glens Falls NY 128014429  
(518) 793 - 3893

Section E: Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.)

Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code. False statements made on this application are punishable under the penal law.

Signature

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## Temporary Food Service


▪ What day/time will food preparation begin? Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm

▪ What day/time will food be served? Start of service: Day \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
End of service: Day Time \_\_\_\_\_ am/pm

3) What equipment will be used to cook food?

What equipment will be used to hold food?

- Hot Holding (21400 \_\_\_\_\_  
F) \_\_\_\_\_
- Cold Holding \_\_\_\_\_ F)

\*Note that thermometers for checking food cooking and holding temperatures are required

4) Handwashing Facility: What type of handwashing facility will you use?

Plumbed sink and drain line    Water container and bucket    Commercial  
portable hand wash sink

6) How will you prevent bare hand contact with ready to eat foods?

Single use gloves  
Utensils  
Deli paper/napkins

7) Sanitizer and Test Strips: Do you have an EPA registered sanitizer (such as bleach or quaternary ammonia) for cleaning food contact surfaces, dishes and utensils? Do you have sanitizer test strips for ensuring proper concentration levels?

8) Wastewater Disposal: How will you dispose of wastewater? \*Wastewater cannot be disposed of on the ground or in storm drains.

Direct connection to sewer or septic system.    Portable waste tank or other container  
Where will you empty the portable wastewater tank?

9) Site Plan: Do your outdoor food preparation and service areas have overhead protection? Where mud is a concern, do you have floor coverings?

Reminders: \_\_\_\_\_

- All staff and volunteers handling food must be free of illness, which includes symptoms of nausea, diarrhea, vomiting, flu-like symptoms, and open cuts or sores on their hands or arms.
- As the Operator of the Temporary Food Service YOU are responsible to ensure that all staff and volunteers are aware of requirements for food preparation and service.
- It is advisable that you review Subpart 14-2 of the New York State Sanitary Code for a complete list of rules and regulations. This can be found at your local health department office, or online at:

[https://www.health.ny.gov/regulations/nycrr/title\\_1.htm](https://www.health.ny.gov/regulations/nycrr/title_1.htm)





# Workers' Comp and Disability Insurance Requirements for Obtaining a Temporary Food Establishment Permit

Before a- NYS Temporary Food Establishment permit can be issued, you must prove compliance with NYS Workers' Compensation AND Disability Insurance requirements.

If you maintain Worker's Compensation and Disability Insurance coverage, the following forms must be submitted with each permit application. (If you do not maintain this coverage, you need to provide the CE-200 Attestation of Exemption Certificate on reverse side).

1. Workers' Compensation Submit one from this list:	2. Disability Insurance Submit one from this list:
<ul style="list-style-type: none"><li>• Form C-105.2 (issued by your insurance carrier)</li><li>• Form U-26.3 (issued by the State Insurance Fund)</li><li>• Form SI-12</li><li>• Form GSI-10S.2</li></ul>	<ul style="list-style-type: none"><li>• Form DB-120.1 (issued by your insurance carrier)</li><li>• Form DB-ISS</li></ul>

## Where do I get these forms?

Contact your insurance carrier for these forms.

## Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application. We are unable to substitute insurance forms submitted with recent permit applications.

The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

If you do not maintain this coverage, please see the instructions on the reverse side to obtain a CE-200 Attestation of Exemption.

If you are exempt from Workers' Compensation and/or Disability coverage, a CE-200 Attestation of Exemption Certificate must be submitted.

You can apply for this certificate online at [www.wcb.ny.gov/content/main/Employers/Employers.jsp](http://www.wcb.ny.gov/content/main/Employers/Employers.jsp)

Instructions:

1. Select "WC/DB Exemptions" at the bottom of the page, and then select "Request for WC/DB Exemption (Form CE-200)". To save time in the future, remember your PIN number!
2. Complete, print and sign the Exemption Certificate. Submit your original CE-200 (not a copy)\* with your Temporary Food Service Establishment permit application.

You can also request an Exemption Certificate by calling the NYS Workers' Compensation Board at 866-298-7830. Please note, it can take up to 8 weeks to process this request.

\*A CE-200 is required for each Temporary Food Service Establishment permit application. Copies cannot be accepted.

**More about temporary food service at events:**

[www.health.ny.gov/TempFood](http://www.health.ny.gov/TempFood)

**Questions about health department permit requirements:**

Contact your health department [www.health.ny.gov/EnvironmentalContacts](http://www.health.ny.gov/EnvironmentalContacts)

**Questions about Workers' Compensation and Disability forms:**

Workers' Compensation Board Office 518-462-8880 or 877-632-4996