

D. Complete for temporary food service establishments only (attach additional paper if needed)

Name of location of event _____
Name of Food Supplier of ingredients Where and how foods will be prepared and served

E. Complete for mobile food service establishments or pushcarts only.

Type of Vehicle: Motorized Pushcart Other (specify) _____
Motor vehicle license no. (for motorized vehicles) _____
Commissary name _____ Phone _____
Address _____

List on separate sheet types of food and beverages served.

F. Food and beverage machines only. Attach a list of all machine locations and food dispensed.

G. Partners and Corporate Officers

List all partners and cooperate officers in the operation of the facility. Include vice president(s), secretary, and treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Phone

H. Workers' Compensation and Disability Insurance (All applicants must complete this section.)

This is to certify, under penalties of perjury, that

(A) the operation described in this application has Workers' Compensation and disability insurance as identified below:

	Carrier	Policy No.	Expiration Date
Workers' Compensation			
Disability Benefits			

OR

(B) a representative of Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

I. Signature

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW
Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____