

Hello Chili and Chowder Cookers,

Below is This year's requirements from the Onondaga County Health Department regarding applications for the Syracuse Winterfest's cook-offs. There is NO fee for the permit from the Health Department. You also have to file an Workers' Compensation Insurance and exemptions form with them. The last page is the UpDownTowners application form and entry fee. Please mail that to the UpDownTowners with a check.

**Thank you,
Bill Cooper, UDT President**

Information on requirements for the vendors/individuals looking to participate in Winterfest cook-offs in February 2017:

First is the application for a permit, we need each vendor to fill out pages 6 & 7 to send back to us with proof of workers comp & disability insurance OR the CE-200 exemption form. The paperwork can be either mailed, faxed or emailed to our office. The best email address to use for our office is foodprotection@ongov.net Also please make it clear to the vendors that the fee for their permit will be waived.

(See attached file: Temporary Food Permit Application Package.pdf)

All the restaurants in this county who participate in the event should have their insurance documents on file with our office by the time of the event so that shouldn't be a problem, other groups and individuals will most likely have to go on the NYS workers compensation board to fill out a CE-200 form - the form shows they are exempt from carrying workers comp and disability insurance. Here is the website they should go to to complete that form - <http://www.wcb.ny.gov/>

I am happy to assist anyone with filling out their application and the CE-200 form if necessary. Please contact me by phone or email or they can direct questions to the email address I provided above.

Gretchen Pierson
Sanitarian III, Supervisor
Food Protection Section
Onondaga County Health Department
421 Montgomery Street 12th Floor
Syracuse, NY 13202
Office Phone: 315-435-6607
Fax: 315-435-6606
Email: GretchenPierson@ongov.net

This document is from the Onondaga County Health Department and is intended for the addressee only and may contain information covered under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191). If this correspondence contains health care information, it is being provided to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have received or made.

GUIDELINES FOR TEMPORARY FOOD SERVICE
FAIRS, CARNIVALS, FESTIVALS AND EXHIBITIONS

FOOD PROTECTION:

1. Food, water and ice must be from an approved source. Well water from a private residence is not an approved source for drinking or making ice intended for human consumption. No home prepared potentially hazardous foods will be permitted. When fresh clams are purchased, shipping tags must be kept on the bag during use and retained for ninety days thereafter.
2. Menus should be limited to the available facilities and planned to avoid leftovers or waste. Hazardous items such as creamed sauces, custards and filled pastries should be avoided.
3. Perishable foods shall be stored below 45°F or kept above 140°F. The time between preparation and serving shall be as short as possible. Thermometers must be provided to assure proper temperatures.
4. Foods are to be protected from dust, flies and handling by customers.
5. Foods, preparation and service utensils, and single service articles are to be stored off the floor and protected from contamination.

PERSONNEL:

1. All food service workers are to be free from illness, boils, sores and cuts.
2. No employees shall resume work after visiting the toilet room without first washing their hands.
3. Disposable plastic gloves or suitable utensils are to be used when handling foods not requiring further cooking (rolls, salads, etc.), and when scooping ice, popcorn, etc.
4. They must be properly dressed, wear clean uniforms or aprons, and both males and females must have hair restrained.
5. They shall not smoke or eat while working in the preparation or serving area.

FACILITIES:

1. Facilities for hand washing must be available (clean water, soap and paper towels).
2. Stand is to be located convenient to adequate toilet facilities.
3. Adequate facilities for washing and sanitizing equipment, eating and cooking utensils shall be provided.
4. Adequate refrigeration must be provided.

5. Single service eating and drinking utensils are to be provided when dishwashing facilities are not available.
6. Facilities for proper refuse storage and disposal are to be provided.

GENERAL APPEARANCE CHECK LIST:

1. Give special attention to the frequent cleaning of all food contact surfaces, shelving, refrigerators, food display units, grills, steam tables, salad units, etc.
2. Counter surfaces, exterior panels and framing must be freshly painted or clean.
3. Shelving must be clean and freshly painted or covered.
4. Premises are to be kept free from flies and vermin.
5. Garbage shall be stored in clean cans with tight fitting covers and not allowed to accumulate.
6. Cleaning compounds must be properly labeled and stored away from foods.
7. Surface drainage must be provided to prevent accumulation of puddles and wet spots.



Onondaga County Health Department

Joanne M. Mahoney, County Executive
Indu Gupta, MD, MPH, Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health
Kevin L. Zimmerman, 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.

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

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

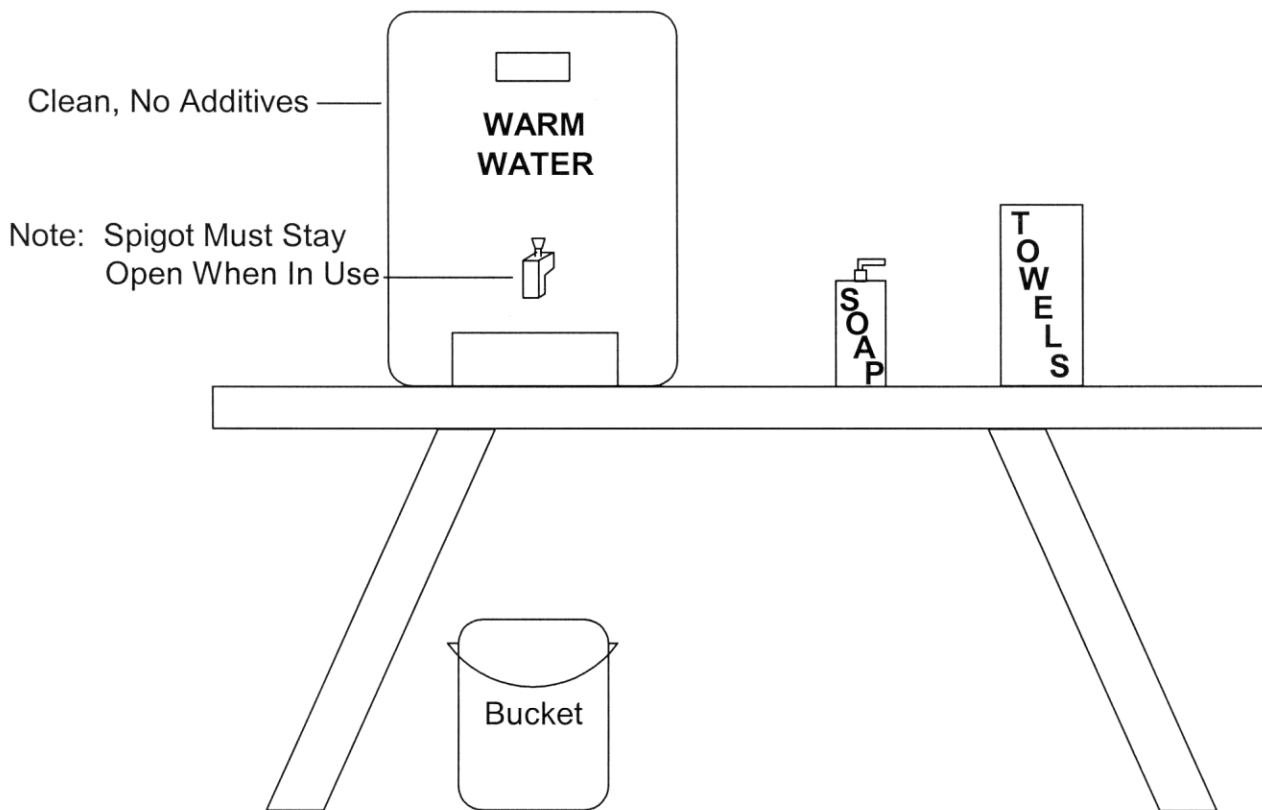
- Form CE-200 – Certificate of Attestation of Exemption

Information concerning Workers' Compensation Insurance and exemptions can be obtained by contacting your local Workers' Compensation Board office (in Syracuse 1-866-298-7830) or by visiting the Internet site www.wcb.ny.gov. Please note that Exemption Certificate Form CE-200 can be completed and printed using this site, and this is the method preferred by the Workers' Compensation Board. (The link to Form CE-200 is found in the lower right-hand side of the website home page.)

As required by the New York State Workers' Compensation Law, the Onondaga County Health Department now requires proof of Workers' Compensation and Disability Insurance coverage or Exemption Form CE-200 be submitted prior to the issuance of operating permits.

Please contact this office at 435-6607 if you have questions.

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 UTENTILS 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:

435-6607

**APPLICATION FOR A PERMIT TO OPERATE
A TEMPORARY FOOD SERVICE**

Date Submitted _____

To be submitted at least **15 days** before the first day of operation.

herewith make an application for a Permit to operate a **TEMPORARY FOOD SERVICE** in conformity with Part 14-2, New York State Sanitary Code and Article II of the Onondaga County Sanitary Code.

NAME OF EVENT			
EVENT ADDRESS			
OPERATOR			
OPERATOR'S ADDRESS			
OPERATOR'S PHONE			
OPERATOR'S EMAIL ADDRESS			
WATER SUPPLY (please circle)	Municipal	Well	SEWAGE SYSTEM Municipal Septic System
OPENING DATE AND TIME			
CLOSING DATE AND TIME			
DATE AND TIME FOOD PREPARATION WILL BEGIN AT EVENT			

FEE: \$130.00 Make check or money order payable to the ONONDAGA COUNTY HEALTH DEPARTMENT.

Certificates of Insurance for both Workers' Compensation and Disability Insurance or a Workers' Compensation Exemption Form CE-200 must be attached to this application. Permits will not be issued until this documentation has been received.

Some tax-exempt organizations may be entitled to a fee waiver. To obtain this waiver, please provide a copy of your organization's Federal IRS 501(c)(3) or 501(c)(10) letter with this application.

PLEASE COMPLETE OTHER SIDE OF APPLICATION.

F THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14-2 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE II OF THE ONONDAGA COUNTY SANITARY CODE.

TITLE	SIGNATURE
PRINT NAME	

Stipulations:	For official use only	ROUTE NO. _____
		TOWN _____

Date Issued _____	Permit No. _____
Approved by _____	Active Date _____
	Expiration Date _____

MAIL TO:
 FOOD PROTECTION SECTION
 DIVISION OF ENVIRONMENTAL HEALTH
 ONONDAGA COUNTY HEALTH DEPARTMENT
 421 Montgomery Street, 12th floor
 Syracuse, New York 13202
 Telephone (315) 435-6607 Fax (315) 435-6606
 Email: FoodProtection@ongov.net

FOOD INFORMATION

MENU ITEMS	WHERE PURCHASED	WHERE PREPARED
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

(use additional page if necessary)

1. WILL ANY FOODS BE PREPARED IN ADVANCE? ____YES ____NO - IF YES, PLEASE LIST MENU ITEM, LOCATION, DATE & TIME.

2. LIST THE REFRIGERATION FACILITIES AVAILABLE FOR MAINTAINING COLD FOODS BELOW 45°F.

3. LIST THE PROVISIONS FOR COOKING AND MAINTAINING HOT FOODS ABOVE 140°F.

4. DESCRIBE THE EQUIPMENT WASHING AND SANITIZING FACILITIES.

5. DESCRIBE AND LOCATE THE HAND WASH FACILITIES.

6. DESCRIBE AND LOCATE THE TOILET FACILITIES FOR FOOD SERVICE WORKERS AND PUBLIC.

7. NAME OF INDIVIDUAL IN CHARGE OF FOOD STAND:

TELEPHONE NO.

Not-For-Profit/Charitable Event Form



ONONDAGA COUNTY HEALTH DEPARTMENT

Division of Environmental Health

Name of Not-For-Profit/Charitable Organization: _____

Name of Event: _____

Date of Event: _____ Location: _____

PLEASE INDICATE ONLY ONE:

____ Enclosed please find a copy of our organization's Federal IRS 501(c)(3) or 501(c)(10) letter.

____ Enclosed please find a statement on our organization's letterhead indicating that we are a not-for-profit/charitable organization (municipality, church, fire department, youth athletic or educational organization).

Vendors providing food/beverage products at event:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proceeds from the sale of food and beverages will be donated to the above listed not-for-profit/charitable organization.

Print Name: _____ Email: _____

Signature: _____ Phone: _____

Title: _____ Date: _____

Official Rules & Regulations CHILI & CHOWDER COOK-OFF

The following rules must be adhered to:

- All ingredients (except meat) must be chopped or prepared in public view during cooking time. Meat may be pre-cut or ground but not pretreated or precooked in any way. Sausage products are permitted, but **NO WILD GAME** is allowed. Be prepared to prove source (store label, etc.) of meat products. Only commercially canned or bottled items, beverages, and broth are permitted. **NO BEANS, PASTA**, etc. may be added until after your entry has been collected for judging. **ALL INGREDIENTS, ETC. MUST BE KEPT OFF THE GROUND** per Health Dept. regulations (A copy of regulations will be available with the Syracuse Winterfest official, or at the Updowntowners tent, for review).
- Any allowable prep work done prior to this Cook-off must be done in an approved facility or restaurant with a health permit.
- All contestants must complete the attached application and submit it with entry fee by deadline to The Updowntowners of Syracuse, Inc., and P.O. Box 443, Syracuse, NY 13201.
- Contestants are permitted to arrive at 9:00 a.m. for set up of equipment on the day of the Cook-off. Contestants must sign in at the bandwagon by 11:00 a.m. and select location. First come, first serve for spot selection. Contestants should leave plenty of room between tables in order that spectators have enough room to safely move about the area.
- Water and Warren Streets will be closed to vehicular traffic. Enter the site from Salina Street to Water Street to the barricades. Absolutely no vehicles are permitted to remain in Hanover Square after 10:30 a.m.
- Deadline to start cooking is 11:30 a.m.
- A MAXIMUM** of three assistants will be permitted (none are required) in the cooking area and must be identified on the application form. Any other people assisting will **DISQUALIFY** that entry.
- One quart of each team's Soup/Chili/Chowder will be collected at approximately 2:30 p.m. for judging. A one- hour warning period will be announced prior to collection.
- Remember, a trophy for best decorated area will be given, along with a plaque. **PLAN ACCORDINGLY!**
- Judging is unanimous and the **DECISIONS OF THE JUDGES SHALL BE FINAL.**

SPECIAL NOTE:

ANY & ALL COMMERCIAL

ESTABLISHMENTS SHALL HAVE THEIR

PROPANE PERMIT ON SITE

ABSOLUTELY NO SMOKING, OR EATING PERMITTED IN COOKING AREA

Each team **MUST** provide the following:

- All tables or work surfaces you will need. Remember, your area is limited to 12' x 12'.
- Propane stoves. No wood or coal fires are allowed! (Stove rentals are available from Nations Rent, etc.) You must comply with the Syracuse Fire Dept. regulations on three-sided tents (see below).
- All cooking equipment, utensils, etc. Enamel cookware is prohibited. A thermometer is required. Health Dept. regulations require temperature of product to be 140 degrees. You must be able to prove this to the Health Inspector if requested.
- Hand washing facilities, including warm water, soap, bucket/container and towels/paper towels for drying. (State Sanitary Code 1, Part 14 Subpart 14-2)
- Plastic or latex gloves to be worn by all cooks and assistants while cooking and serving samples to the public.
- A minimum of 3 - 5 gallons of product, with more being to your advantage. One quart will be needed for judging. You may cook it in a small size for control.
- Approved fire extinguisher (Class A-B-C).

SYRACUSE FIRE DEPT.

FIRE PREVENTION BUREAU WINTERFEST 3-SIDED TENT REQUIREMENTS

- All tent material shall be flameproof.**
- All decorative material shall be flameproof.
- Evidence of flame proofing shall be provided.
- Front of tent cannot be covered over when using propane for cooking or heating.
- Keep heat producing cookers or heater away from tent walls, other combustibles, and separated from propane tanks.
- All propane tanks shall be secured in upright position outside of tent area by wire, chain, or other approved method.
- All propane hoses need to be protected from damage.
- Approved fire extinguisher (Class A-B-C).**
- No smoking signs shall be posted inside tent.
- Keep an exit aisle out of tent clear at all times.

SPECIAL NOTE:

DEPARTMENT OF LABOR REGULATIONS DOES NOT ALLOW COOKING INSIDE OF TENTS

UpDownTowners:

CHILI & CHOWDER COOK-OFF APPLICATION

Event Dates:

Chili: Saturday, February 25, 2017

Chowder: Sunday, February 26, 2017

One entry form per event, copy this form as needed

Entry Deadline: by mail

Friday, February 17, 2017

Fees: Chili - \$60

Chowder - \$60

Enter Both: \$100 save \$20

Team/Restaurant name: _____

Head Chef: _____

Phone: _____

Email: _____

Assistants Names & Phones:

1. _____

2. _____

3. _____

**Make Checks Payable to:
UpDownTowners of Syracuse, Inc.**

Detach this section and mail with check to:
UpDownTowners of Syracuse, Inc.
P.O. Box 443
Syracuse, NY 13201

Questions about event: (315) 676-2496

Web: www.syracusewinterfest.com

E-Mail: wacooper@twcny.rr.com



Entry Deadline: Date before in person
Mailed:

Friday, February 24, 2017