



Department of Public Health

Monroe County, New York

Adam J. Bello
County Executive

Michael D. Mendoza, MD, MPH, MS
Commissioner of Public Health

APPLICATION TO REQUEST ADDITION OF CATERING TO AN EXISTING HEALTH DEPARTMENT PERMIT

FOOD ESTABLISHMENT NAME: _____

MONROE COUNTY PERMIT #: _____

I HAVE THE REQUIRED AND/OR NECESSARY EQUIPMENT TO DO CATERING
ACCORDING TO NYS SANITARY CODE §14.1

- ☐ CAMBROS
- ☐ COOLERS
- ☐ RELIABLE VEHICLE

OWNER/OPERATOR NAME: _____

OWNER/OPERATOR SIGNATURE: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED DATE: _____

SANITARIAN SIGNATURE: _____