

**TOMPKINS COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH**

**401 Harris B. Dates Drive  
Ithaca, NY 14850-1385  
(607) 274-6688**

APPLICATION FOR A PERMIT TO OPERATE  
FOOD SERVICE ESTABLISHMENT  
ADDENDUM

(Complete and return with the application for a permit to operate)

Facility Name \_\_\_\_\_

1.) Will the facility offer buffet, salad bar, or any other customer self service? YES \_\_\_\_\_ NO \_\_\_\_\_

2.) Will the facility have a frozen dessert manufacturing machine?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, enter license # \_\_\_\_\_

3.) Check all that apply for customer utensils:  
Bar Glasses \_\_\_\_\_ (Requiring wash, rinse, sanitize)  
Plates, Bowls, Flatware \_\_\_\_\_ (Requiring wash, rinse, sanitize)  
Single Service \_\_\_\_\_ (Single use, disposable items)

4.) Will the facility offer catering service? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Note: catering does not include delivery of foods, such as pizza.)  
If yes, answer the following:

a.) Identify the commissary in use. (name and address) \_\_\_\_\_

b.) Attach a menu of foods to be catered, either on a separate sheet or on the back of this page.

c.) Describe devices used to maintain temperatures in transport, and to rapidly reheat and/or cool foods on site. \_\_\_\_\_

\_\_\_\_\_  
(Use back of page or attach sheet if necessary.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature