



NASSAU COUNTY DEPARTMENT OF HEALTH TEMPORARY EVENT SPONSOR APPLICATION



APPLICATION TO COORDINATE A SPECIAL EVENT OF NO LONGER THAN FOURTEEN DAYS

PLEASE SUBMIT AT LEAST 30 DAYS PRIOR TO EVENT TO:
OFFICE OF FOOD PROTECTION / TEMPORARY EVENTS
PROGRAM NASSAU COUNTY HEALTH DEPARTMENT
200 COUNTY SEAT DRIVE, MINEOLA, NY 11501
Phone: 516-227-9717 Fax: 516-227-9559
Email: tempevents@nassaucountyny.gov

FOR OFFICE USE ONLY:

DATE RECEIVED _____

REVIEWED BY _____

INSTRUCTIONS:

- **Complete both sides of Sponsor Application and submit with \$100 non-refundable Sponsor Fee made payable to Nassau County Department of Health by Certified Check, Money Order, or Credit Card (no AMEX) no less than 30 days prior to Event. Sponsor applications received less than 30 days prior to event will be charged a \$100 Late Fee.**
- **Provide a site plan (hand-drawn is acceptable) showing the location of all booths, restrooms, and attractions.**
- **Submit list of food and beverage vendors with this application. Update the Department with any changes.**
- **Notify all Vendors that their temporary food applications, with respective fees by money order/certified check/ credit card, are due at least 3 full business days prior to Event.**
- **It is the Sponsor's responsibility to apply for and secure any other permits required to hold their event. This includes, but is not limited to, any event taking place at a Nassau County facility or park.**

EVENT NAME:

CARNIVAL

STREET FAIR

FUNDRAISER

TASTING

OTHER:

EVENT LOCATION:

IS THIS A NASSAU CO. FACILITY OR PARK? YES NO IF YES, HAVE YOU APPLIED FOR A PERMIT WITH THE PARKS DEPT? YES NO

EVENT DATE(S) & HOURS OF OPERATION:

RAIN DATE(S):

Note: Failure to provide a raindate will require a new application/fee for event postponement

CORPORATION / ORGANIZATION / MUNICIPALITY NAME:

ADDRESS:

PHONE:

PRESIDENT/CEO:

PHONE:

EVENT CONTACT:

E-MAIL ADDRESS (PLEASE PRINT CLEARLY):

CELL PHONE #:

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM AND SIGN BACK OF APPLICATION.
ADDITIONAL SHEETS WITH VENDOR INFORMATION MAY BE ATTACHED.**

NASSAU COUNTY DEPARTMENT OF HEALTH SPONSOR APPLICATION FOR TEMPORARY EVENT

Please answer all questions below & provide any pertinent information:

Motorized Rides: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name & Address of Operator:	Phone #:	Email:
Pony Rides and/ or Petting Zoo: YES <input type="checkbox"/> NO <input type="checkbox"/>	Name & Address of Operator:	Phone #:	Email:
Animal operators must provide hand washing or hand cleansing facilities for patrons, and appropriate signage as required by Law			
Water Supply: Please complete the attached Addendum form concerning the water supply for the event.			
Toilet Facilities:	# of permanent toilets	# of temporary toilets (portables)	# of bathroom trailers
Describe Method of Continued Garbage Removal/Disposal:			

A FINAL UPDATED FOOD & BEVERAGE VENDOR LIST MUST BE SUBMITTED BY SPONSOR ONE WEEK PRIOR TO EVENT INCLUDING ANY MOBILE UNITS. VENDORS WHO SUBMIT APPLICATIONS TO THE DEPARTMENT LESS THAN 3 FULL BUSINESS DAYS PRIOR TO EVENT WILL BE CHARGED A \$100 LATE FEE. PLEASE LIST ALL FOOD & BEVERAGE VENDORS BELOW.

PLEASE LIST: (If additional space is required, attach another sheet.)

FOOD & BEVERAGE VENDORS FOR EVENT	NASSAU COUNTY ANNUALLY PERMITTED MOBILE TRUCK VENDORS	LAST 4 DIGITS OF VIN # or PERMIT #

I hereby apply to operate a temporary event pursuant to the provisions of the Nassau County Public Health Ordinance and the New York State Sanitary Code and agree to comply with the provisions of the Ordinance and the Code. I, the undersigned, attest that the information provided on this application, to the best of my knowledge, is true and correct.

Print Applicant's Name:	Title:
Signature:	Date:



NASSAU COUNTY DEPARTMENT OF HEALTH



TEMPORARY EVENT WATER SUPPLY ADDENDUM

INSTRUCTIONS:

- This supplemental form **MUST** be submitted with the Temporary Event Sponsor Application.
- Please answer all questions, if applicable. Sponsors who are not arranging for water supply to any of their event operators may indicate this in Question #1 and skip the rest of the form.
- Sign bottom of application certifying information provided.

EVENT NAME:	EVENT SPONSOR: (Organizer)
EVENT LOCATION:	
EVENT DATE(S) & TIME: (only the dates you are operating)	RAIN DATE(S):

1. Will water be supplied to any vendors or attraction operators?
(If No, skip to the bottom and sign the form; If Yes, proceed to Question #2) YES NO
2. What is the source of potable water? Circle all that apply:
Hydrant Building NYSDOH Certified Bulk Carrier Other (describe):
3. Is the hydrant or building fitted with a backflow prevention device? YES NO
4. Is the hosing being used certified for potable water use? (NSF/ANSI 61 for potable water and NSF/ANSI 51 for food service) YES NO
5. If the hosing is being connected to distribution boxes, are the distribution boxes elevated from the ground? YES NO
6. Are vacuum breakers present on all hose connections to the distribution boxes? YES NO
7. Is the hosing being used to supply water to:
 - a. Animal areas? YES NO
 - b. Toilet trailers? YES NO
 - c. Sleeping trailers? YES NO
8. Does the potable water hosing come into contact with hosing used for wastewater? YES NO

I, the undersigned, attest that the information provided on this application, to the best of my knowledge, is true and correct.

Print Applicant's Name:	Title:
Signature:	Date:

OFFICIAL USE ONLY: Reviewed by: _____ Date: _____

Comments: