



# NASSAU COUNTY DEPARTMENT OF HEALTH

## TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION



**APPLICATIONS AND FEES MUST BE RECEIVED THREE (3)  
FULL BUSINESS DAYS BEFORE THE EVENT. SEND TO:**

**OFFICE OF FOOD PROTECTION / TEMPORARY  
EVENTS 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:
NON-REFUNDABLE FEE:	
TERRITORY:	RISK: Circle One <b>H</b> <b>M</b> <b>L</b>
PERMIT #:	OPERATION ID #

**INSTRUCTIONS:**

- Complete both sides of the Temporary Food Service Vendor Application.
- Sign back of application certifying information provided.
- Submit with fee made payable to Nassau County Department of Health by Certified Check, Money Order, or Credit Card (no AMEX), no less than 3 full business days prior to Event, to avoid a late fee.
- FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

**VENDOR APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE CHARGED A \$100 LATE FEE.**

<b>EVENT NAME:</b>	<b>EVENT SPONSOR:</b> (Organizer)
<b>EVENT LOCATION:</b>	
<b>EVENT DATE(S) &amp; TIME:</b> (only the dates you are operating)	<b>RAIN DATE(S):</b>

<b>BUSINESS NAME (D/B/A):</b>		<b>BUSINESS PHONE #:</b>	
<b>NAME OF CORPORATION/ORGANIZATION or INDIVIDUAL OWNER:</b>			
<b>OWNER'S STREET ADDRESS:</b>	<b>CITY or VILLAGE:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PRESIDENT/ SENIOR PRINCIPAL:</b>		<b>PHONE #:</b>	
<b>CONTACT NAME:</b>			
<b>CONTACT CELL #</b>	<b>CONTACT EMAIL:</b>		

**NEW YORK STATE TAX EXEMPT ORGANIZATIONS MUST SUBMIT A COPY OF THE CERTIFICATE DOCUMENTING THEIR EXEMPT STATUS FOR VENDOR PERMIT FEE TO BE WAIVED.**

**PLEASE COMPLETE AND SIGN REVERSE SIDE OF APPLICATION.**

## NASSAU COUNTY DEPARTMENT OF HEALTH TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION

**Instructions:** Please answer all questions. Enter "N/A" if the question is not applicable.

Specify all foods and beverages to be served: \_\_\_\_\_  
\_\_\_\_\_

Where will food/beverages be prepared and stored? (**No home prepared/stored foods.**): \_\_\_\_\_  
\_\_\_\_\_

**Provide a copy of your establishment license if you are permitted by another agency (food manager certificates are not permits). Receipts must be available at event for prepared foods that are purchased.**

How will you keep foods at proper temperatures during transport? \_\_\_\_\_

How are foods kept cold during the event? \_\_\_\_\_

How are foods kept hot during the event? \_\_\_\_\_

How will you reheat foods, if needed, at the event? \_\_\_\_\_

**You must have a calibrated, working food thermometer at the event.**

Where are you getting your water from? \_\_\_\_\_

Where are you getting your ice? \_\_\_\_\_

**If you are serving fresh shellfish you must maintain shellfish tags at the event (and for 90 days after).**

**You must provide the means for handwashing. At a minimum you must have a five-gallon urn or beverage dispenser, with a continuous flow spigot, filled with warm water. Hand soap, disposable towels, and a waste water bucket are to be provided.**

I hereby apply to operate a temporary food service at a permitted event pursuant to the provisions of the Nassau County Public Health Ordinance, the Sanitary Code of the State of New York and the Public Health Law of the State of New York.

I understand that the permit is **NOT TRANSFERABLE** and the fees are **NON-REFUNDABLE**.

I, the undersigned, attest that the information provided on this application, to the best of my knowledge, is true and correct. False statements shall be subject to civil and criminal prosecution and penalties as provided by law.

**Print Applicant's Name:**

**Title:**

**Signature:**

**Date:**

**OFFICIAL USE ONLY:**

MENU REVIEW COMPLETED       EQUIPMENT REVIEW COMPLETED

Reviewed by:

Date:

**SPECIAL CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frozen Dessert**    Y    N  
If yes, \$25 additional fee)

**Fresh Shellfish**    Y    N