



NASSAU COUNTY DEPARTMENT OF HEALTH

TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION



SUBMIT AT LEAST 3 FULL BUSINESS DAYS PRIOR TO EVENT 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**

INSTRUCTIONS:

- Complete both sides of Vendor Temporary Food Service Application.
- Sign back of application certifying information provided.
- Submit with NON-REFUNDABLE 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.

FOR OFFICE USE ONLY:	
DATE RECEIVED:	
REVIEWED BY:	
NON-REFUNDABLE FEE:	TERRITORY:
PERMIT #:	
OPERATION ID #	
RISK: <small>Circle One</small> HIGH MEDIUM LOW	

Any Vendor Food Service application received after the deadline will be charged a \$100 Late Fee.

EVENT NAME:	EVENT SPONSOR:
EVENT LOCATION:	
EVENT DATE(S) & TIME:	RAIN DATE(S):

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

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

PLEASE ENTER #: EX NY

PLEASE COMPLETE AND SIGN REVERSE SIDE OF APPLICATION.

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

List all foods to be served: _____

Where will the food be prepared? (No home prepared foods.): _____

How will foods be transported? _____

Do you have a frozen dessert machine (additional \$25 fee required)? _____

Will you serve shellfish? List: _____ Source? _____
(PROPER SHELLFISH TAGS ARE REQUIRED AT SITE.)

How are foods kept cold? _____

How are foods kept hot? _____

How are foods reheated? _____

What is your water source? _____

What is your ice source? _____

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.

OFFICIAL USE ONLY: <input type="checkbox"/> MENU REVIEW COMPLETED <input type="checkbox"/> EQUIPMENT REVIEW COMPLETED	Reviewed by: Date:
SPECIAL CONDITIONS: _____ _____	

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 TRANSFERRABLE.

I, the undersigned, hereby affirm and attest, under the penalty of perjury, that the information given in this Application has been examined by me 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: