



## NASSAU COUNTY DEPARTMENT OF HEALTH

Re: Special Event for Temporary Food Service

Dear Sponsor:

Effective March 1, 2017, ALL Sponsors are required to pay \$100 Sponsor Permit Fee for a Temporary Event with food service as governed by the regulations of Section 11, Article II of the Nassau County Public Health Ordinance. A **Special Event Permit** must be obtained to operate any transient or non-transient carnival, circus, fair, exhibition or special event for the purposes of public gatherings. ***Please note: This is a separate permit from Vendors who are required under Subpart 14-2 of the New York State Sanitary Code to obtain and display a valid Temporary Food Service Establishment Permit.*** Please ensure that you comply with the following requirements:

1. Sponsor Organizations must submit a completed Sponsor Application to the Nassau County Department of Health with the appropriate Sponsor Fee at least 30 days prior to the Event. A \$100 Late Fee will be assessed for any Sponsor Application not received within this time frame.
2. Sponsor must provide a site plan showing the location of booths, restrooms, rides, petting zoo, etc. no later than one week prior to the event. As a reminder, note that restrooms, with warm and cold running water, are to be provided for food workers within 200 feet of their booth.
3. Sponsors must submit all Food & Beverage Vendor applications with appropriate fees at least three (3) full business days prior to the scheduled opening of the Event. A \$100 Late Fee will be assessed for any Vendor Application not received within this time frame. Sponsors must also supply list of food vendors for Tasting events with an application and fee for each vendor.
4. Participating food service establishments annually permitted by the Nassau County Department of Health must apply for a Vendor permit unless they are providing table service only directly outside of their establishment.

Enclosed please find a Sponsor Application, Vendor Applications, Notice of Requirements, and a Fee Schedule for Sponsors and Vendors. Sponsors must contact the Department at (516) 227-9717 to schedule an appointment to review your completed application requirements with a Temporary Food Service Program Coordinator.

***Please be advised: Failure to obtain a valid Special Event Permit and/or Temporary Food Service Establishment Permit could result in the closure of food/beverage service at the event. All fees are to be paid by certified check or money order. No personal checks, cash, or credit cards will be accepted.***

Temporary Food Service Program  
Office of Food Protection



200 COUNTY SEAT DRIVE, MINEOLA, NEW YORK 11501  
Phone: 516-227-9717 Fax: 516-227-9559





NASSAU COUNTY DEPARTMENT OF HEALTH

**Division of Environmental Health Fee Schedule  
For TEMPORARY EVENTS**  
*Effective March 1, 2017*

***Special Event Sponsor Permit***

Type	Fee
Sponsor Permit	\$ 100
Late Fee**	\$ 100

***Temporary Food Service Vendor Permit***

Type	Fee
Non-Hazardous for Single Day Event	\$ 85
Non-Hazardous for Multi-Day Event	\$150
Existing permitted Food Service Establishment – Outside Storefront*	\$150
Tasting or Pre-Packaged Food Sampling for Single Day Event	\$ 35
Tasting or Pre-Packaged Food Sampling for Multi-Day Event	\$ 60
Potentially Hazardous Single Day Event	\$ 215
Potentially Hazardous Multi-Day Event	\$ 400
Late Fee**	\$ 100

**NOTE:**      ***ALL TEMPORARY FOOD SERVICE VENDORS THAT WILL HAVE A FROZEN DESSERT MACHINE MUST PAY AN ADDITIONAL \$25.00 FEE AS REQUIRED BY NEW YORK STATE LAW (New York State Sanitary Code 14-2.2(a))***

- \*      **Existing Licensed Facility's stand must be within 25 feet of storefront.**
- \*\*      **Temporary Event Applications for Sponsors must be received 30 days prior to event. Temporary Food Service Permit Applications for Vendors must be received in our office at least three (3) full business days prior to event. Payment must be by money order or certified check only.**



# NASSAU COUNTY DEPARTMENT OF HEALTH TEMPORARY EVENT SPONSOR APPLICATION



APPLICATION TO COORDINATE A SPECIAL COMMUNITY 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

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 or Money Order no less than 30 days prior to Event.  
Any Sponsor application received less than 30 days prior to event will be charged a \$100 Late Fee.
- Contact the Department for an appointment to review the application with a Program Coordinator.
- Submit list of food and beverage vendors with this application.
- Submit all Vendor applications with respective fees by money order/certified check at least 3 business days prior to Event.

EVENT NAME:						
CIRCLE TYPE BELOW:						
CARNIVAL	STREET FAIR	FUNDRAISER	TASTING	OTHER:		
EVENT LOCATION:						
EVENT DATE(S):				RAIN DATE(S):		
HOURS OF OPERATION:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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:

<b>Motorized Rides:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Name &amp; Address of Operator:</b>			<b>Phone #:</b>	<b>Email:</b>
<b>Pony Rides and/or Petting Zoo:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Name &amp; Address of Operator:</b>			<b>Phone #:</b>	<b>Email:</b>
<b>Water Supply:</b> Select One:	<b>BUILDING</b>	<b>HYDRANT</b>	<b>TANKER</b>	<b>HOW IS HOT WATER PROVIDED:</b>	
<b>Toilet Facilities:</b> Select One:	<b>PERMANENT</b>	<b>TEMPORARY</b>	<b># OF TRAILERS</b>	<b># of Food/Beverage TENTS:</b>	
<b>Describe Method of Continued Garbage Removal/Disposal:</b>					

**SPONSORS MUST OBTAIN PERMIT APPLICATION AND RESPECTIVE FEE BY MONEY ORDER OR CERTIFIED CHECK FOR EACH FOOD SERVICE VENDOR PARTICIPATING AT EVENT & FORWARD TO THE DEPARTMENT PROMPTLY. 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 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	OUTSIDE STOREFRONT	ANNUALLY PERMITTED MOBILE TRUCK VENDORS	LAST 4 DIGITS OF VEHICLE ID #
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

<b>Print Applicant's Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>



# 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**

**INSTRUCTIONS:**

- Complete both sides of Vendor Temporary Food Service Application.
- Sign back of application certifying information provided.
- Submit with Fee made payable to Nassau County Department of Health by Certified Check or Money Order no less than 3 full business days prior to Event.

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

**Any Vendor Food Service application received less than 3 days prior to event 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.**

**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.

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:**

☐ MENU REVIEW COMPLETED

☐ 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:**

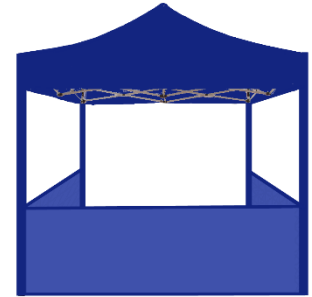
**Signature:**

**Date:**

## TEMPORARY FOOD SERVICE NOTICE OF REQUIREMENTS FOR TEMPORARY FOOD VENDING

Each food concession **MUST** meet the following **MINIMUM REQUIREMENTS**:

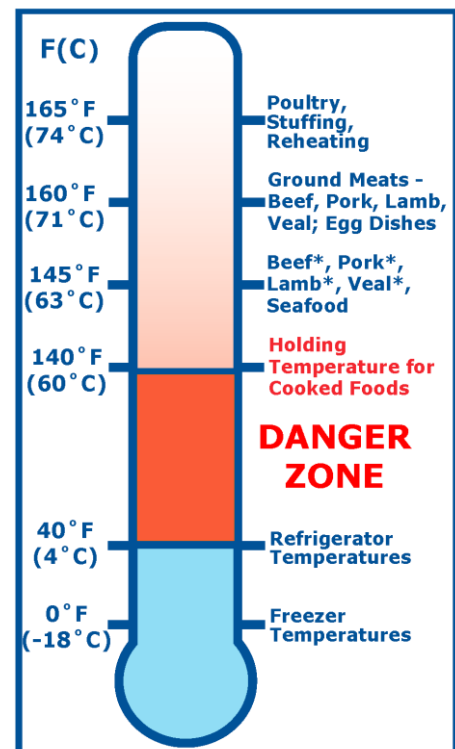
1. Temporary food stands must have a valid permit from the Nassau County Department of Health to operate.
2. All foods (including ice) must be obtained from approved sources and prepared at the booth the day of the event OR in a permitted food establishment. Receipts for food must be provided upon request. **Home-prepared foods are prohibited.**
3. Food stands must have at least three [3] sides and a roof to protect all areas of the operation (roof is not required if booth is indoors).



4. A hand wash station is required at each booth. The minimum requirement for hand washing is a five [5] gallon beverage dispenser with a continuous flow spigot, supplied with warm water, hand soap and disposable towels. You must provide a waste bucket for the water. *Hand sanitizer is not a substitute for hand washing.*

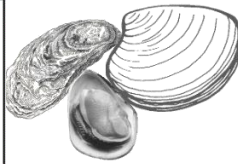
5. Each food stand shall provide an adequately sized closed container for wastewater collection and removal. Wastewater from each food stand shall be disposed of in a sanitary manner, approved by this Department and at a location to be provided by the sponsoring organization. *Wastewater may NOT be discharged onto the ground.*

6. All foods are to be cooked and/or reheated to the minimum temperatures as outlined on the chart:
7. Cold Holding: If applicable, each food stand must provide adequate equipment to maintain all potentially hazardous foods at a temperature below 45°F during cold holding. Foods (including packaged items) may not come into contact with water or undrained ice. If kept in an ice chest, ensure that the ice drains into an acceptable container.
8. Hot Holding: If applicable, each food stand must provide adequate equipment to maintain all potentially hazardous foods at a temperature at or above 140°F during hot holding. This includes those foods held in storage or in reserve.
9. Each vendor shall provide an accurate stem or product thermometer to monitor the temperatures of potentially hazardous foods.





DEALER NAME	CERT. NO.
Dealer Address	
City, State Zip Code	
ORIGINAL SHIPPER'S CERT. NO. IF OTHER THAN ABOVE	
HARVEST DATE	
HARVEST LOCATION	
TYPE OF SHELLFISH	
QUANTITY OF SHELLFISH	
THIS TAG IS REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY AND THEREAFTER KEPT ON FILE FOR 90 DAYS.	



10. If you are serving shellfish (clams, mussels, and oysters), they must be obtained from a purveyor who can supply you with completed shellfish tags. These tags must be kept with the shellfish in your booth. You must save these tags for at least 90 days after the event.

11. All foods and single-service wares must be protected at all times from contamination and exposure to the public (covers, sneeze guards, etc.)
12. All food preparation and food service personnel must prevent bare-hand contact with ready-to-eat foods by wearing disposable gloves or using suitable utensils.
13. Single-service wares are to be used at all times, unless the operator has the means to adequately wash, rinse, and sanitize items on site. Any non-disposable equipment, such as utensils or cutting boards are to be cleaned and sanitized regularly. Wiping cloths must be kept clean and stored in a container of sanitizing solution. Test strips are to be available to test sanitizer concentration (Chlorine = 100 ppm; Quaternary ammonium = 200-400 ppm).
14. Foods must be stored at least 6 inches off the ground to avoid contamination.
15. All food handlers must be free from illness, boils, sores, and cuts.
16. All food preparation and service personnel must wear at least a clean apron over street clothes.
17. The food booth and its immediate vicinity is to be kept free of trash. Garbage containers are to be provided.
18. Sufficient artificial lighting should be provided if the ambient light is inadequate.
19. Floors in food preparation and service areas are to be concrete, asphalt, wood or other cleanable material. Where stands are on dirt, gravel, or sand (and graded to drain), the operator may use platforms or duckboards.
20. Convenient and adequate toilet facilities must be available (within 200 yds of food stand).
21. Each operator is to maintain their food service operation in a clean and sanitary manner.



All temporary food service establishments shall meet or exceed the above minimum requirements prior to operation and by no means, be limited to the above requirements, but shall meet the requirements of the Nassau County Public Health Ordinance, the New York State Sanitary Code, the Public Health Law of the State of New York and any other related laws.

Failure to meet and/or maintain the above minimum requirements may result in the denial or suspension of your service food establishment permit and any other further action(s) the Health Department may deem necessary. Continued or willful violations may be punishable under the Penal Law of the State of New York.