TEMPORARY FOOD SERVICE VENDOR APPLICATION and PERMIT



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| FOR OFFICE USE ONLY | |
|---|--|
| DATE RECEIVED: | |
| FEES: | |
| \$95 Temporary stand or self-contained vehicle not under annual permit | |
| \$70 Late fee for applications submitted less than 14 days prior to the event | |
| PERMIT ISSUED ☐ DENIED ☐ | |
| SANITARIAN | |
| CANITADIAN ID# | |

- TYPE OR PRINT LEGIBLY & SUBMIT AT LEAST 14 DAYS PRIOR TO THE EVENT
- PAYMENT BY CHECK OR MONEY ORDER (PAYABLE TO "COMMISSIONER OF HEALTH SERVICES") OR VISA/MASTER CARD
- NO PERMIT FEE REFUNDS OR CREDIT FOR FUTURE EVENTS

| Name of Operator: | Name of Food Service (DBA)/Corporation: | | | | | |
|-------------------|---|--------|------|--|--|--|
| Mailing Address: | City: | State: | Zip: | | | |
| Email Address: | Daytime Phone #: | | | | | |

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation and Disability Insurance coverage or an approved waiver (Form CE-200) if coverage is not provided. Contact the New York State Workers Compensation Board for requirements and applicability at 1-866-805-3630 or online at https://www.labor.ny.gov/home/. The following forms **must** be provided:

- 1. Workers' Compensation Form C-105.2 OR Form U-26.3 OR Form SI-12 OR Form GSI-105.2
- 2. Disability Benefits Form DB-120.1 OR Form DB-155

| Event Name: | | | | | Event Location/Address: | | | | | |
|--|-----------------|--|--|----------------------|------------------------------|--|---------------|------------------------|--|--|
| Event Start Date: | Event End Date: | | | | Event Coordinator: | | | Coordinator's Phone #: | | |
| | | | | | | | | | | |
| Set-Up Date: | Set-Up Time: | | | | Coordinator's Email Address: | | | | | |
| | | | | | | | | | | |
| Type of Establishment (check all that apply): Vehicle/Trailer Indoor Outdoor Restauran | | | | Restaurant Show Case | Booth | /Stick Stand | Field Kitchen | | | |
| IMPORTANT FOOD SAFETY REQUIREMENTS | | | | | | | | | | |
| 1. Wash your hands with soap and water (not with hand | | | | | | Cook poultry and stuffed meats to at least 165°F | | | | |

- Wash your hands with soap and water (not with hand sanitizer) before starting work, and each time after contamination, including coughing, sneezing, handling unclean items, eating, using tobacco, when changing gloves, or after using the toilet.
- Never allow bare hands to come in contact with food that will not be cooked. Use disposable gloves, clean & sanitized utensils, napkins, or deli paper to handle readyto-eat foods
- Individuals with vomiting or diarrhea, or having infected wounds on exposed body parts must not handle or serve food or food-related items.
- 4. **Avoid cross-contamination**. Never store raw meats, fish, or eggs above prepared or ready-to-eat foods.
- 5. Safe food temperatures must be maintained.
 All potentially hazardous (temperature controlled for safety) foods that will be transported cold must arrive at the event and be maintained at or below 41°F. All potentially hazardous (temperature controlled for safety) foods that will be transported hot must arrive at the event and be maintained at or above 140°F.

Cook poultry and stuffed meats to at least 165°F
 Cook hamburgers and other ground meats to at least 158°F.

Cook pork to at least 150°F.

Cook eggs to at least 145°F.

Cook beef (solid cuts) to 130°F.

- 7. **Foods reheated** for hot holding must be heated to 165°F within 2 hrs.
- 8. **Stem-type food thermometer** 0°F 220°F with 2 degree increments is required if you serve any potentially hazardous (temperature controlled for safety) foods.

Temperatures must be monitored frequently.

- 9. **Sanitizer** for wiping cloths must be provided in your booth/vehicle.
- 10. **Displayed foods** must be protected by a sneeze guard or other barrier.
- 11. Canned or bottled beverages stored on ice must be stored in a container with a continuous drain.
- 12. Water must be from an approved source.

| IF YOU ARE APPLYING FOR A PERMIT FOR A BOOTH/STICK STAND COMPLETE THIS SECTION NOTE: Food preparation is restricted to cook and serve only. No slicing, cutting, blending, or mixing of foods and | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|
| beverages is permitted. Food | and equipment must | be protected from cor | ntamination at all times. | | | | | | | | |
| Construction Describe flooring: | Describe overhead p | protection: | How will patron access be restricted? (i.e. tables, walls) | | | | | | | | |
| Defineration | | | | | | | | | | | |
| Refrigeration How will food be transported to the event? | Describe type of me | chanical | Describe any other types of | | | | | | | | |
| (i.e. refrigerated truck, insulated containers) | refrigeration in the b | | mechanical refrigeration on site: | | | | | | | | |
| Events longer than 1 day require overnight mechanical refrigeration | | | | | | | | | | | |
| Please describe: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Handwashing Station | | | | | | | | | | | |
| Describe handwashing station to be used in | Describe handwashing station to be used in booth (A handwashing station can consist of 2 gallons of water in an urn | | | | | | | | | | |
| with spigot that locks in the open position, a | waste/collection bin to | o collect waste water, | liquid soap & paper towels): | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Cooking, reheating, and hot holding equi | ipment | | | | | | | | | | |
| Describe type of equipment to be used in bo | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| IF YOU ARE APPLYING FOR A PERI | MIT FOR A TRAILER | OR FIELD KITCHEN | COMPLETE THIS SECTION: | | | | | | | | |
| Potable water supply (Food Grade hoses | are required for all | potable water supply | / uses.) | | | | | | | | |
| Will you be c | onnecting to the fresh | water supply at the e | vent? | | | | | | | | |
| Yes | | | | | | | | | | | |
| No If NO attach a copy of the water | | | | | | | | | | | |
| Fresh water tank size gallo | ns | During the super-chlorination process how much | | | | | | | | | |
| or | | bleach is used?oz. | | | | | | | | | |
| | leightin. | Amount of time | hrs. | | | | | | | | |
| Type of backflow device on trailer at potable | water connection: | How are water lines | protected from contamination? | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Refrigeration | | | | | | | | | | | |
| How will cold food be transported to the eve | nt? (i.e. refrigerated | Describe type of med | chanical refrigeration on board: | | | | | | | | |
| truck, insulated containers) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Describe any other types of mechanical refr | igeration on site: | Is your food service operation provided with continuous electric power for 24 hours a day? Yes No | | | | | | | | | |
| What is the source for continuous electric po | ower? | electric power for 24 | hours a day? Yes No | | | | | | | | |
| 3 Bay Sink and Handwashing sink | | | | | | | | | | | |
| 3 Bay Sink on board with hot and cold running | ng water and | Handwashing sink on board with hot and cold running | | | | | | | | | |
| indirect drains? Yes No | | water? Yes No | | | | | | | | | |
| Waste Water | | Departies the same of | uia vahiah vanata vantau ia diamaa . I | | | | | | | | |
| Are waste water tanks built-in or roll away? | | Describe the manne | r in which waste water is disposed: | | | | | | | | |

| Describe all prepara | ation pr | ocedure | | | | N PROCE erage item | | at the l | воотн | TRAILER/VEHICLE |
|--|-----------------------|---------------------------------------|---|--------------|--|---|------------------------------|----------|-----------|--|
| Menu Item(s) | Prepared off-site | | Cold holding 41° F or below | Cook Temp | Reheat for hot holding 165° F | Hot holding 140° F or above | Assemble | | 0 | ther/Notes |
| (example) Cheeseburger | Yes | No ☑ | | 158° F | | | V | serve | Э | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| | Yes | No | | °F | | | | | | |
| Establishment Name: | | lf off-sit | te food pr | eparatio | n is requi | red, comp | lete this s | ection | 1. | |
| Address: | • | | | | Ci | ty: | | | State: | Zip: |
| Permit #: | | | | | | | | | | • |
| Permitting Agency: | | | | | | | | | | |
| Dates and times esta | | | | | | | | | | |
| Name of Person at this e | event w | ith a Foo | | | | d Manager's | | Numb | er/Expira | ation: |
| | - | | | | JRCE INF | ORMATIO | N | | | T |
| Name of Food Sour | ~~ — | Adaress Street A | of Food S | Source | | Town | | State | Zip | Food Items |
| | uuless | | | TOWIT | • | State | ΖΙΡ | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| NOTE: If serving shellfis and be retained for 90 days of the serving shellfis and be retained for 90 days. I hereby certify that information requirements as stated here that any deviation from the closure of the food services. | mation I nerein as | pwing the provides well as itions sta | event. d in this do applicable | cument is | true. I und s of the Suf | erstand that | t I am obliga Sanitary Co | ated to | comply v | with the food safety ly, I fully understand |
| Signature of Applicant | | | | Dat | re | | | | | |