

# TEMPORARY FOOD SERVICE VENDOR APPLICATION and PERMIT



Suffolk County Department of Health Services  
 Bureau of Public Health Protection  
 360 Yaphank Avenue, Suite 2A  
 Yaphank NY 11980  
 (631) 852-5999 FAX (631) 852-5871  
 EMAIL: [PHP@suffolkcountyny.gov](mailto:PHP@suffolkcountyny.gov)

**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 \_\_\_\_\_  
 SANITARIAN 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

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

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

<b>Event Name:</b>		<b>Event Location/Address:</b>	
<b>Event Start Date:</b>	<b>Event End Date:</b>	<b>Event Coordinator:</b>	<b>Coordinator's Phone #:</b>
<b>Set-Up Date:</b>	<b>Set-Up Time:</b>	<b>Coordinator's Email Address:</b>	

**Type of Establishment (check all that apply):**    Vehicle/Trailer    Indoor    Outdoor    Restaurant Show Case    Booth/Stick Stand    Field Kitchen

**IMPORTANT FOOD SAFETY REQUIREMENTS**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. <b>Wash your hands</b> 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.</li> <li>2. <b>Never allow bare hands</b> to come in contact with food that will not be cooked. Use disposable gloves, clean &amp; sanitized utensils, napkins, or deli paper to handle ready-to-eat foods.</li> <li>3. <b>Individuals</b> with vomiting or diarrhea, or having infected wounds on exposed body parts must not handle or serve food or food-related items.</li> <li>4. <b>Avoid cross-contamination.</b> Never store raw meats, fish, or eggs above prepared or ready-to-eat foods.</li> <li>5. <b>Safe food temperatures must be maintained.</b> 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.</li> </ol> | <ol style="list-style-type: none"> <li>6. <b>Cook poultry</b> and stuffed meats to at least 165°F<br/> <b>Cook hamburgers</b> and other ground meats to at least 158°F.<br/> <b>Cook pork</b> to at least 150°F.<br/> <b>Cook eggs</b> to at least 145°F.<br/> <b>Cook beef</b> (solid cuts) to 130°F.</li> <li>7. <b>Foods reheated</b> for hot holding must be heated to 165°F within 2 hrs.</li> <li>8. <b>Stem-type food thermometer</b> 0°F - 220°F with 2 degree increments is required if you serve any potentially hazardous (temperature controlled for safety) foods.<br/>                     Temperatures must be monitored frequently.</li> <li>9. <b>Sanitizer</b> for wiping cloths must be provided in your booth/vehicle.</li> <li>10. <b>Displayed foods</b> must be protected by a sneeze guard or other barrier.</li> <li>11. <b>Canned or bottled beverages stored on ice must be stored in a container with a continuous drain.</b></li> <li>12. <b>Water must be from an approved source.</b></li> </ol> |
|--|---|

**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 contamination at all times.

**Construction**

Describe flooring:	Describe overhead protection:	How will patron access be restricted? (i.e. tables, walls)
--------------------	-------------------------------	--

**Refrigeration**

How will food be transported to the event? (i.e. refrigerated truck, insulated containers)	Describe type of mechanical refrigeration in the booth:	Describe any other types of mechanical refrigeration on site:
--	---	---

**Events longer than 1 day require overnight mechanical refrigeration**

Please describe:

**Handwashing Station**

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 collect waste water, liquid soap & paper towels):

**Cooking, reheating, and hot holding equipment**

Describe type of equipment to be used in booth:

**IF YOU ARE APPLYING FOR A PERMIT 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 connecting to the fresh water supply at the event?

Yes

No If **NO** attach a copy of the water bill or lab test results for the location where potable water tanks are filled

Fresh water tank size _____gallons or Length _____ in. Width _____ in. Height _____ in.	During the super-chlorination process how much bleach is used? _____oz. 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 event? (i.e. refrigerated truck, insulated containers)	Describe type of mechanical refrigeration on board:
Describe any other types of mechanical refrigeration 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 power?	

**3 Bay Sink and Handwashing sink**

3 Bay Sink on board with hot and cold running water and indirect drains? Yes No	Handwashing sink on board with hot and cold running water? Yes No
---	---

**Waste Water**

Are waste water tanks built-in or roll away?	Describe the manner in which waste water is disposed:
--	---

**MENU AND PREPARATION PROCEDURES**

Describe all preparation procedure(s) for each food and/or beverage item prepared at the BOOTH/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	Other/Notes
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
(example) Cheeseburger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	158° F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	serve
	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				

**If off-site food preparation is required, complete this section.**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permit #: \_\_\_\_\_

Permitting Agency: \_\_\_\_\_

Dates and times establishment used: \_\_\_\_\_

Name of Person at this event with a Food Manager's Certificate: _____	Food Manager's Certificate Number/Expiration: _____
---	---

**FOOD SOURCE INFORMATION**

Name of Food Source	Address of Food Source				Food Items
	Street Address	Town	State	Zip	

NOTE: If serving shellfish (clams, oysters, mussels, scallops), shellfish tags and receipts must be available for inspection at the event and be retained for 90 days following the event.

I hereby certify that information I provided in this document is true. I understand that I am obligated to comply with the food safety requirements as stated herein as well as applicable provisions of the Suffolk County Sanitary Code. Additionally, I fully understand that any deviation from the conditions stated herein without prior permission from the Department may result in legal action and/or closure of the food service operation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date