

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW
Commissioner

TEMPORARY FOOD/BEVERAGE SERVICE MULTIPLE EVENT PERMIT REQUIREMENTS

Temporary event vendors that operate with a standard layout and fixed menu can apply for a “temporary food/beverage service multiple event permit.” All eligible vendors will be charged \$95 for the first permit and \$50 for each additional permit requested on the application at the time the application is submitted. All events must occur within the same calendar year (January – December).

A “temporary food/beverage service multiple event permit” may be issued to applicants who meet the following requirements:

- All events must be regulated by the Suffolk County Department of Health Services, i.e., events must have a Department-issued permit to operate
- The permit is limited to the events listed and paid for at the time the application is submitted. Operation at additional events requires additional permit applications/fees
- The equipment layout and menu must remain exactly the same at each event. Any alteration or deviation from the approved application, including the layout and menu, will automatically void the permit
- A person with a valid food safety/food protection certificate issued by an authority approved by the Commissioner must be on-site, at each permitted location, during all hours of operation
- The food service operation must be constructed, maintained and operated in compliance with the Standards of the Suffolk County Department of Health for the Administration of Section 760-1390 of Article 13 of the Suffolk County Sanitary Code (Temporary Food Service)

The following forms and documents must be submitted with a permit application:

1. Multiple Event Permit Application and Fee
2. Copies of Valid Food Safety/Food Protection Certificate(s)
3. Proof of Workers’ Compensation and Disability Insurance
4. Food Source Information (processing license, exemption, permit)
5. Proof of Potable Water Source if Applicable

The permit must be posted in prominent view at each vending location. If more than one location is approved at a single event, a copy of the permit must be posted at each location.



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Public Health
Prevent. Promote. Protect.

TEMPORARY FOOD/BEVERAGE SERVICE VENDOR MULTI-EVENT APPLICATION AND PERMIT

FEES:

OFFICIAL USE ONLY

- _____ \$95 for first event temporary stick stand or self-contained vehicle **not** under annual permit
_____ \$50 for each subsequent event listed on this application
_____ \$70 Late fee for applications and payments submitted less than 14 days prior to the first event date
_____ **Tax exempt** (No permit fee required for non-profit with copy of tax exempt form attached)
_____ **Total** payment submitted

THIS PERMIT MAY NOT BE ALTERED

DATE RECEIVED:

PERMITS ISSUED: _____ DENIED: _____

DATE OF ISSUE:

SANITARIAN: _____

ID#: _____

If the first event listed begins less than 2 business days from the date of application, the application **MUST** be submitted in person.

1. VENDOR INFORMATION:

Name of Contact Person: _____ Name of Food/Beverage Service (DBA): _____

Corporation Name (if applicable): _____

E-mail Address: _____ Daytime Phone #: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation & 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 at 1-866-805-3630 or at <http://www.wcb.ny.gov>. Please submit:

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

2. TYPE OF ESTABLISHMENT (Check all that apply):

Booth / Stick Stand Restaurant Showcase Field Kitchen Vehicle / Trailer-VIN or License Plate: _____

3. CERTIFIED FOOD HANDLERS: Copies of all employee certifications shall be submitted with this application

Total Number of Certified Food Handlers: _____

4. EVENT INFORMATION:

If applying for more than 10 events please attach additional event information on a separate page

Event Name	Event Dates	Event Address	Town	Organizer Name & Contact
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

5. MENU AND PREPARATION PROCEDURES:*All menu items must be included*

Following the example below list all food and beverages and indicate all steps used on-site during handling and preparing each food item. If more space is needed please attach a separate menu.

Menu Item(s)		Prepared off-site		Cold Holding 41° F or below	Cooking Temperature	Cooling to 41° F or below	Reheat to 165° F	Hot Holding 140° F	Assemble on site	Other/Notes
(Example)	Cheeseburger	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	158°F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pre-sliced lettuce and tomato
(Example)	Beer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottle/keg poured into cups
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	°F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If off-site food preparation is required, complete this section:										
Establishment Name:		Address:				Regulatory Agency:			Permit/License #:	

6. FOOD SOURCE(S):

Name of Food/Beverage Source:	Address of Food/Beverage Source	Food/Beverage Items
1.	Street Address:	
	Town: State: Zip:	
2.	Street Address:	
	Town: State: Zip:	

7. TRANSPORTATION/SET-UP (Complete all items A through I):

- A.** How will TCS food items be transported to the event: _____
- B.** Type of flooring/ground cover: _____
- C.** Describe overhead protection: _____
- D.** Describe hand washing station set-up: _____
- E.** Describe on-site mechanical refrigeration: _____
- F.** Describe overnight mechanical refrigeration (multi-day events): _____
- G.** Equipment used for food preparation/service: _____
- H.** On-site power supply: _____
- I.** Three compartment sink (required for on-site food preparation): Yes No

8. WATER REQUIREMENTS (Complete all items A through F):

- A. Potable water source (for off-site water fill): _____
- B. Will you be connecting to a potable water supply at the event: Yes No
- C. Type of backflow prevention device(s) used to protect potable water source: _____
- D. Equipment used for water storage and/or distribution: _____
- E. How will water lines be protected from contamination: _____
- F. Describe method of waste water disposal: _____

IMPORTANT FOOD SAFETY REQUIREMENTS

1. Wash your hands with soap and water (not 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.

2. 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 ready-to-eat foods.

3. 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 temperature controlled for safety foods that will be transported cold must arrive at the event and be maintained at or below 41°F. All temperature controlled for safety foods that will be transported hot must arrive at the event and be maintained at or above 140°F.

6. Sanitizer for wiping cloths must be provided in your booth/vehicle.

7. Foods reheated for hot holding shall be heated to 165°F within 2 hrs.

8. 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.

9. Stem-type food thermometer 0°F - 220°F with 2 degree increments is required if you serve any temperature controlled for safety foods. Temperatures must be monitored frequently.

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.

13. Shellfish tags shall be retained for at least 90 days following the closing date of the event.

14. Menu advisory/disclosure statement shall be posted in public view for all items served raw/undercooked.

15. Food allergy warning, "Before placing your order, please inform your server if a person in your party has a food allergy," shall be printed on all menus/menu boards.

9. CERTIFICATION BY APPLICANT:

I hereby certify that information 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 New York State and Suffolk County Sanitary Codes. The applicant hereby authorizes officials of the Suffolk County Department of Health Services to inspect any and all premises at any time and take samples of food therefrom for laboratory testing. 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.

Full Name of Applicant: _____

Signature of Applicant: _____

Date: _____



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