



**VENDORS TEMPORARY
FOOD SERVICE APPLICATION and PERMIT**

**SUFFOLK COUNTY
DEPARTMENT OF HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION**

TYPE OR PRINT LEGIBLY

* **SUBMIT AT LEAST 14 DAYS PRIOR TO THE EVENT**

FEES:	DATE RECEIVED: _____
_____ \$85 Temporary stand or self contained vehicle not under annual permit	
_____ \$60 * Late fee for applications submitted less than 14 days prior to the event	
APPLICATIONS RECEIVED LESS THAN 14 DAYS PRIOR TO THE EVENT MAY NOT BE APPROVED. IF APPROVED, MENU MAY BE RESTRICTED.	
Once the application is approved, no changes may be made without approval by the Department.	
PERMIT ISSUED _____ DENIED _____	SANITARIAN _____ SANITARIAN ID# _____
THIS PERMIT IS NOT TRANSFERABLE	

1. **NAME OF OPERATOR:** _____ Contact Person: _____
 Street Address _____
 Town _____ State _____ Zip _____
 Daytime Phone #: _____ E-mail Address _____
2. **EVENT NAME:** _____ Event Location: _____ Set-Up Time: _____
 Event Dates: _____ Event Coordinator: _____
 Event Hours: _____ Coordinator's Phone #: _____
3. **NAMES OF PERSONNEL WORKING AT THE EVENT:**
 Name _____ Food Manager Certificate Number/Expiration _____
 Name _____ Food Manager Certificate Number/Expiration _____

4. **MENU AND PREPARATION PROCEDURES:**
 Attach menu page showing all items to be served and all steps in preparing each item.
 a) Check all preparation procedure(s) for each food and/or beverage item prepared at the BOOTH/TRAILER/VEHICLE

FOOD	cold holding	cook/grill	reheat	hot holding	assemble	other

b) Check all preparation procedure(s) for each food and/or beverage item prepared OFF-SITE

FOOD	thaw	cut/assemble	cook/bake	cool	cold holding	reheat	hot holding	portion	package

NOTE: If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate piece of paper. Include all ingredients and condiments. If off-site food preparation is required, list the name of the approved food establishment/facility under Health Department Permit at which food preparation will be done.

Establishment Name: _____ Address: _____
 Establishment Permit #: _____ Dates and Times Establishment used: _____



BUREAU OF PUBLIC HEALTH PROTECTION
 360 Yaphank Avenue, Suite 2A, Yaphank NY 11980
 (631) 852-5999 / 852-5873 FAX (631) 852-5871

IF YOU ARE APPLYING FOR A PERMIT FOR A BOOTH/STICK STAND ADDRESS THE FOLLOWING:

NOTE: Walls and ceiling must be made of wood, canvas, or other material that protects the interior of the booth from dirt, dust, and weather. Floors must be cleanable material. Foods cannot be displayed for patrons unless there is some means of protection from contamination. Food preparation is restricted to cook and serve only. No slicing, cutting, blending, or mixing of foods and beverages shall be permitted.

- ___ 1. Floor is constructed of _____
- ___ 2. Ceiling is constructed of _____
- ___ 3. Patron access to booth restricted? Yes No
- ___ 4. Refrigeration within booth? Yes No
- ___ 5. Handwashing station? (REQUIRED) Yes No
(A handwash 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)
- ___ 6. What kind of cooking, reheating, and hot holding equipment is in the booth? _____

IF YOU ARE APPLYING FOR A PERMIT FOR A TRAILER OR FIELD KITCHEN ADDRESS THE FOLLOWING:

- ___ 1. Fresh water holding tank? Yes No
- ___ 2. Connect to potable water supply at event site? Yes No
- ___ 3. Super-chlorination log for hose and tank? Yes No
- ___ 4. Food grade hose? Yes No
- ___ 5. Backflow device on trailer at potable water connection? Yes No
- ___ 6. Are water lines protected: From Traffic? Yes No
 - a. Hose Connections off the ground? Yes No
- ___ 7. 3 Bay sink plus a separate hand washing sink on board? Yes No
 - a. Hot and cold running water on board? Yes No
- ___ 8. Refrigeration on board? Yes No
- ___ 9. Soda system on board? Yes No
 - a. Double check valve w/ atmospheric vent (backflow device) on water inlet at carbonator? Yes No
- ___ 10. Is the trailer operated outside Suffolk County? Yes No
 - If so, provide an itinerary for the month before and the month after this event. Fresh water tanks shall be super-chlorinated every time the truck re-enters Suffolk County. Itinerary provided? Yes No
- ___ 11. Does trailer have a waste water tank? Yes No
 - Does trailer use roll away waste tank? Yes No
- ___ 12. Where is waste tank emptied? _____
- ___ 13. Exhaust hood with grease filters over cooking equipment? Yes No

Important Food Service Requirements

- ___ 1. All cold potentially hazardous (temperature controlled for safety) foods shall arrive and be maintained at or below 41°F under mechanical refrigeration.
- ___ 2. All potentially hazardous (temperature controlled for safety) foods that will be transported hot shall arrive at or above 140°F.
- ___ 3. All hot potentially hazardous (temperature controlled for safety) foods shall be maintained at or above 140°F.
- ___ 4. Stem-type food thermometer 0°F - 220°F with 2 degree increments provided. Stem-type thermometers required if you serve any potentially hazardous (temperature controlled for safety) foods. Temperatures shall be monitored frequently.
- ___ 5. Foods shall be cooked to appropriate cooking temperatures
- ___ 6. No bare hand contact with ready to eat foods.
WASH HANDS FREQUENTLY! USE DISPOSABLE GLOVES AND/OR UTENSILS TO HANDLE PREPARED FOODS.
- ___ 7. Sanitizer for wiping cloths must be provided in your booth/vehicle. This solution may consist of 1 tablespoon of bleach per gallon of water (or other approved sanitizer).
- ___ 8. Displayed foods shall be protected by a sneeze guard or other barrier.
- ___ 9. Iced beverages shall be stored in a container with a continuous drain.
- ___ 10. Where is food being purchased? _____

Signature of Applicant

Date

Name of Person Contacted