

NASSAU COUNTY DEPARTMENT OF HEALTH APPLICATION FOR TEMPORARY FOODSERVICE PERMIT

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX TFS #

OP ID #	TERR #	ESTAB TYPE	CLASS CODE	N 1	C 2	R 3	CREDIT DATE			AMOUNT RECEIVED	PERMIT APPROVAL	EFFECTIVE DATE			EXPIRATION DATE			
							MO	DAY	YR			MO	DAY	YR	MO	DAY	YR	

INSTRUCTIONS:

1. **FOOD VENDORS MUST COMPLETE BOTH SIDES OF APPLICATION!**
2. All questions must be completely filled out or your application will not be processed
3. Complete all items that apply to your temporary food service operation & affix corporate seal
4. Sign bottom of application to certify that all information is correct & true
5. The completed application along with a **CERTIFIED CHECK** or **MONEY ORDER ONLY** must be received at **least 3 full business days before the event to:**

**NASSAU COUNTY DEPARTMENT OF HEALTH
OFFICE OF FOOD PROTECTION FOR SPECIAL EVENTS
200 COUNTY SEAT DRIVE, MINEOLA, NY 11501**

YOUR FEE IS:

WARNING: INACCURATE OR MISSING INFORMATION MAY VOID YOUR PERMIT OR DELAY ITS ISSUANCE. FAILURE TO SIGN THIS APPLICATION WILL DELAY ISSUANCE OF YOUR PERMIT.

DATE RECEIVED			REVIEWED BY:	RISK
MONTH	DAY	YEAR		HIGH <input type="checkbox"/>
				MEDIUM <input type="checkbox"/>
				LOW <input type="checkbox"/>

<p>1. BUSINESS NAME: D/B/A NOT CORPORATE NAME @</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2. STREET ADDRESS OF EVENT:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3. CITY OR VILLAGE STATE ZIP +4</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>4. NAME OF CORPORATION, PARTNERSHIP, INDIVIDUAL OWNER, OR ORGANIZATION:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>5. STREET ADDRESS:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>6. CITY OR VILLAGE STATE ZIP +4</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>7. SENIOR PARTNER/CORPORATION [ORGANIZATION] PRESIDENT/CEO OR FOOD CHAIRPERSON</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>8. HOME ADDRESS OF SENIOR PARTNER/PRESIDENT, etc.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>9. CITY OR VILLAGE STATE ZIP +4</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>NAME OF EVENT:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>12. FEDERAL EMPLOYER ID NUMBER</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> OR <p>13. OWNERS SOCIAL SECURITY NUMBER</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>14. OWNERS OR CORP. PHONE NUMBER</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>15. TYPE OF OWNERSHIP:</p> <p style="text-align: center;"><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corp.</p> <p>16. DATES OF OPERATION:</p> <p>From <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <p>To <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p> <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">OFFICIAL USE ONLY</p> <p style="margin: 0;">EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="margin: 0;">INITIAL: _____</p> </div>
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10. FEE EXEMPT STATUS: TAX-FREE ORGANIZATIONS ENTER YOUR NEW YORK STATE EXEMPT ORGANIZATION CERTIFICATE NUMBER & ATTACH COPY THIS MUST BE FILLED OUT TO HAVE FEE WAIVED:

EX NY Municipality Public School Other: _____

11. LIST OTHER CORPORATE OFFICERS/PARTNERS OR CONTACT PERSONS:

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

I agree to comply with 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**. Any change in ownership, operation or location requires a new permit. I also understand that the permit must be posted on the premises in a conspicuous place, clearly visible to the public.

I hereby affirm, under the penalty of perjury, that the information given in this application has been examined by me and to the best of my knowledge is true and correct. False statements shall be subject to civil and criminal prosecution and penalties as provided by law.

Authorized Signature: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Title: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Print Name: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Date: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

PLEASE COMPLETE BOTH SIDES OF APPLICATION

**NASSAU COUNTY DEPARTMENT OF HEALTH
 TEMPORARY FOOD SERVICE ESTABLISHMENT
 PRE-OPERATIONAL REVIEW**

NAME OF EVENT	DATES	TIMES
STREET ADDRESS OF EVENT	VILLAGE	
OPERATOR OF BOOTH	PHONE#	

What foods will be served? _____

Where will the food be prepared? (No Home Cooked Foods) _____

How are foods kept cold? _____

How are foods kept hot? _____

Where will you get your water? _____

Where will you get your ice? _____

Are toilets available? Yes No Location: _____

Is hand washing facilities available? Yes No Location: _____

Is equipment washing facilities available? Yes No Location: _____

Is a food preparation sink available? Yes No Location: _____

What other events in Nassau County have you operated at this year? (Please list locations and dates):

OFFICIAL USE ONLY: EQUIPMENT ACCEPTABLE TECHNIQUE ACCEPTABLE
 HOT HOLDING ACCEPTABLE COLD HOLDING ACCEPTABLE
 WATER SOURCE ACCEPTABLE ICE SOURCE ACCEPTABLE
 SANITARY FACILITIES ACCEPTABLE SHELLFISH SOURCE ACCEPTABLE

SOURCE OF SHELLFISH: _____

FOODS NOT FOUND ACCEPTABLE: _____

COMMENTS: _____

REVIEWED BY: _____ EMPLOYEE# _____

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THE NASSAU COUNTY DEPARTMENT OF HEALTH TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT. I WILL MAKE THESE REQUIREMENTS KNOWN TO ALL OTHER PERSONS INVOLVED WITH THE OPERATION OF THE ABOVE CAPTIONED TEMPORARY FOOD SERVICE ESTABLISHMENT AND AS A REPRESENTATIVE OF THE OWNER(S)/OPERATOR(S) OF SAID ESTABLISHMENT, I AGREE TO BE IN COMPLIANCE WITH THESE REQUIREMENTS.

PRINT NAME	SIGNATURE	DATE
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