



NASSAU COUNTY DEPARTMENT OF HEALTH

TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION



SUBMIT AT LEAST 3 FULL BUSINESS DAYS PRIOR TO EVENT TO:

**OFFICE OF FOOD PROTECTION / TEMPORARY EVENTS
NASSAU COUNTY HEALTH DEPARTMENT
200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
Phone: 516-227-9717 Fax: 516-227-9559**

INSTRUCTIONS:

- Complete both sides of Vendor Temporary Food Service Application.
- Sign back of application certifying information provided.
- Submit with **NON-REFUNDABLE** Fee made payable to Nassau County Department of Health by Certified Check or Money Order no less than **3 full business days** prior to Event.

FOR OFFICE USE ONLY:	
DATE RECEIVED:	
REVIEWED BY:	
NON-REFUNDABLE FEE:	TERRITORY:
PERMIT #:	
OPERATION ID #	
RISK: <small>Circle One</small> HIGH MEDIUM LOW	

Any Vendor Food Service application received less than 3 days prior to event will be charged a \$100 Late Fee.

EVENT NAME: 24th Annual Culinary Delights	EVENT SPONSOR: Glen Cove Chamber of Commerce
EVENT LOCATION: Glen Cove Mansion - 200 Dosoris Lane, Glen Cove NY 11542	
EVENT DATE(S) & TIME: Monday, September 20th, 2021 6pm - 9pm	RAIN DATE(S):

BUSINESS NAME (D/B/A):		BUSINESS PHONE #:	
NAME OF CORPORATION/ORGANIZATION or INDIVIDUAL OWNER:			
OWNER'S STREET ADDRESS:	CITY or VILLAGE:	STATE:	ZIP CODE:
PRESIDENT/ SENIOR PRINCIPAL:		EMERGENCY CONTACT PHONE #:	
CONTACT NAME:	CONTACT CELL #	CONTACT EMAIL:	

NEW YORK STATE EXEMPT ORGANIZATIONS MUST SUBMIT A COPY OF THE CERTIFICATE DOCUMENTING THEIR EXEMPT STATUS FOR VENDOR PERMIT FEE TO BE WAIVED.

PLEASE ENTER #: EX NY

PLEASE COMPLETE AND SIGN REVERSE SIDE OF APPLICATION.

**NASSAU COUNTY DEPARTMENT OF HEALTH
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Instructions: Please answer all questions. Enter "N/A" if the question is not applicable.

List all foods to be served: _____

Where will the food be prepared? (No home prepared foods.): Commercial Kitchen

How will foods be transported? Cambro / Insulated Carrier

Do you have a frozen dessert machine (additional \$25 fee required)? _____

Will you serve shellfish? List: _____ Source? _____
(PROPER SHELLFISH TAGS ARE REQUIRED AT SITE.)

How are foods kept cold? Ice Trays

How are foods kept hot? Chafing Dishes

How are foods reheated? Venue Ovens

What is your water source? Venue Kitchen

What is your ice source? Venue Kitchen

You must provide the means for handwashing. At a minimum you must have a five-gallon urn or beverage dispenser, with a continuous flow spigot, filled with warm water. Hand soap, disposable towels, and a waste water bucket are to be provided.

OFFICIAL USE ONLY: <input type="checkbox"/> MENU REVIEW COMPLETED <input type="checkbox"/> EQUIPMENT REVIEW COMPLETED	Reviewed by: Date:
SPECIAL CONDITIONS: _____ _____	

I hereby apply to operate a temporary food service at a permitted event pursuant to 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.

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

Print Applicant's Name:	Title:
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Signature:	Date:
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