

VENDORS TEMPORARY FOOD SERVICE APPLICATION and PERMIT



Suffolk County Department of Health Services
 Bureau of Public Health Protection
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 EMAIL: HealthPHP@suffolkcountyny.gov

FOR OFFICE USE ONLY	
DATE RECEIVED: _____	
FEES:	
<input type="checkbox"/> \$85 Temporary stand or self-contained vehicle not under annual permit	
<input type="checkbox"/> \$60 Late fee for applications submitted less than 14 days prior to the event	
PERMIT ISSUED <input type="checkbox"/> DENIED <input type="checkbox"/>	
SANITARIAN _____	
SANITARIAN ID# _____	

INSTRUCTIONS

- TYPE OR PRINT LEGIBLY
- SUBMIT AT LEAST 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

Name of Operator/Vendor:			Name of Food Service (DBA):		
Address of Operator/Vendor:			City:	State:	Zip:
Email Address:			Daytime Phone #:	Corporation Name:	
Mailing Address (if different):			City:	State:	Zip:
Event Name:			Event Location		
Event Start Date:	Event End Date:	Event Hours:	Event Coordinator:	Coordinator's Phone #:	
Street Address of Event:		Nearest Cross Street:	City:	State:	Zip:
Set-Up Date:	Set-Up Time:	Coordinator's Email Address:			
Type of Establishment (check all that apply): <input type="checkbox"/> Vehicle/Trailer <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Restaurant Show Case <input type="checkbox"/> Booth/Stick Stand <input type="checkbox"/> Field Kitchen					
Name of Person at this event with a Food Manager's Certificate:			Food Manager's Certificate Number/Expiration:		

IMPORTANT FOOD SAFETY REQUIREMENTS

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Wash your hands 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. 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 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. | <ol style="list-style-type: none"> 6. 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. 7. Foods reheated for hot holding shall be heated to 165°F within 2 hrs. 8. Stem-type food thermometer 0°F - 220°F with 2 degree increments is required if you serve any potentially hazardous (temperature controlled for safety) foods. Temperatures must be monitored frequently. 9. Sanitizer for wiping cloths must be provided in your booth/vehicle. 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 |
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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)
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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.
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Events longer than 1 day require overnight mechanical refrigeration

Please describe:

Hand Washing Station

Describe hand wash station to be used in booth. (A hand wash 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 <input type="checkbox"/> No <input type="checkbox"/>
What is the source for continuous electric power?	

3 Bay Sink and hand washing sink

3 Bay Sink on board with hot and cold running water and indirect drains? Yes <input type="checkbox"/> No <input type="checkbox"/>	Handwashing sink on board with hot and cold running water? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Waste Water

Are waste water tanks built-in or roll away?	Describe the manner in which waste water is disposed
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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	No						
(example) Cheeseburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	158° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	serve
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Establishment Name: _____

Address: _____

Permit #: _____

Permitting Agency: _____

Dates and times establishment used: _____

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