

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
ORGANIZER'S APPLICATION AND PERMIT FOR TEMPORARY EVENT**



Permit Fee: \$185 *Late Fee: \$60
No Application Fee for Non-Profit (with copy of Tax Exempt Form Attached)
* Late Fee Applies Regardless of Tax Status
Date Received: _____ Fee Paid: _____ Late Fee Paid: _____
Permit Issued _____ Denied _____ Sanitarian _____ ID _____

To the Commissioner of Health:

Application for a temporary permit for the setting up and operation of a temporary event or fundraiser at which food is served is hereby made, concerning which the following information is submitted:

Note: If additional space is needed for your answers, attach additional explanatory material to this form.

Organization _____

Contact Person _____ Phone # _____

Mailing Address _____

Email Address _____

Name of Event and Town Where Held _____

Detailed Location (Street, nearest cross streets) _____

Opening Date _____ Closing Date _____ Operating Hours of Event _____

Estimated Attendance (per day) _____

of Trailers and Tents Used for Sleeping _____ # of Persons Sleeping on-site _____

Number Flush Toilets **with Warm Running Water Handwashing Sinks for Food Handlers** _____

Source of Water Supply (If a Well, Attach Water Analysis. If public water, supply proof of source) _____

Will a fire hydrant be used for potable water? Yes No If yes, provide a recent water sample. Reduced Pressure Zone valve must be connected to hydrant to prevent backflow

Proposed Water Storage and Distribution Plan _____

Location of 3 Basin Sink for Utensil Washing (required for multiple day events and vendors doing on site preparation) _____

Source of Hot Water Supply _____

Location of On-site Mechanical Refrigeration _____

Source of Continuous Electric Power for the Event _____

Number of Garbage Collection Facilities _____ Name of Garbage Disposal Service _____

Number of Public Toilets Provided _____ Number of Handsinks _____ Number of Handicap Accessible Toilets _____

Name of Contracted Wastewater Pumpout Service _____

Name, Address, and Phone # of Person Responsible for Final Cleanup of Event Site _____

Will the Event Feature a Petting Zoo? Yes No If yes, provide name, address, permit number, and phone number.

Names, Addresses, and Phone Numbers of Food Vendors, Food Samplers, or Caterers: (Attach additional pages(s) if necessary)

The undersigned applicant hereby states that he is the responsible owner or manager of the said operation; that he has obtained authorization for use of the proposed location and secured licenses and permits as locally required; that he is familiar with and prepared to comply with the various pertinent regulations of the Suffolk County Sanitary Code, and that he accepts responsibility for any and all violations of the said Code caused or committed by any of his employees.

Notes: A separate and specific application must be submitted to the Suffolk County Department of Health at least 21 days before the proposed opening date for **each location**. Late applications may be denied. Events cannot exceed 14 days duration and must be continuous within the allowed 14 day permit period. Permits cannot be renewed at the same location.

Applications will not be approved unless legible, accompanied by a site plan drawn to scale showing sewage disposal, water and electric lines, proposed locations of food establishments, toilets, and utility washrooms, and all questions are answered.

Signature _____ Date _____

Print _____

Title (Print) _____



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