

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



<b>Permit Fee: \$185</b> <b>*Late Fee: \$60</b>
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)

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\_\_\_\_\_

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