



Special Event for Temporary Food Service: Sponsor Information

All Sponsors are required to pay a \$100 Sponsor Permit Fee for a Temporary Event with food service as per the regulations of Section 11, Article II of the Nassau County Public Health Ordinance. A Special Event Permit must be obtained to operate any transient/non-transient carnival, circus, fair, exhibition or special event for the purposes of public gatherings. ***Please note: This is a separate permit from Vendors who are required under Subpart 14-2 of the New York State Sanitary Code to obtain a valid Temporary Food Service Establishment Permit.*** Please comply with the following requirements:

1. Sponsor Organizations must submit a completed Sponsor Application to the Nassau County Department of Health with the \$100 Sponsor Fee at least 30 days prior to the Event. A \$100 Late Fee will be assessed for any Sponsor Application not received within this time frame.
2. Sponsor must provide a site plan (hand-drawn is acceptable) showing the location of booths, restrooms, rides, petting zoo, etc. no later than one week prior to the event. Reminder: Restrooms with warm/cold running water, are to be provided for food workers within 200 feet of their booth.
3. Sponsors must ensure that all food and beverage vendors submit a Vendor application with correct fees at least three (3) full business days prior to the scheduled opening of the Event. A \$100 Late Fee will be assessed for any Vendor Application not received within this time frame. Unpermitted vendors will be asked to leave the Event. Effective January 1, 2023, there is a new temporary food service vendor fee structure based on the number of days that the food vendor is operating.
4. All vendors must submit a copy of a facility license (DOH food permit, NYS food processing permit, etc.) to indicate approved food sources and preparation, if food preparation is done beforehand in a food service facility. A facility license is not required for food prepared at the event site. Vendors distributing food products that are not produced under license, or on site, will be directed to cease all operations and leave the event.
5. Participating food service establishments, annually permitted by the Nassau County Department of Health, must apply for a Vendor permit unless they are providing table service only directly outside of their establishment.
6. It is the Sponsor's responsibility to apply for and secure any other permits required to hold their event. This includes, but is not limited to, any event taking place at a Nassau County facility or park.

Enclosed, please find a Sponsor Application, Vendor Applications, Notice of Requirements, and a Fee Schedule for Sponsors and Vendors. Sponsors must contact the Department at (516) 227-9717 to review their event with a Temporary Food Service Program Coordinator. You may also email us at tempevents@nassaucountyny.gov

Please be advised: Failure to obtain a valid Special Event Permit and/or Temporary Food Service Establishment Permit could result in the closure of food/beverage service at the event. All fees are to be paid by certified check or money order (payable to NCDOH), or credit card (no AMEX). No personal/business checks or cash will be accepted.

SPECIAL NOTE: Public Functions, defined as a scheduled or advertised event likely to attract 5,000 people or more (including staff, attendees, vendors, performers, etc.) require a permit to be filed with the New York State Department of Health. Please visit the following website to find out more: <https://apps.health.ny.gov/pubpal/builder/EMSForms> (select PART 18- PUBLIC GATHERING AND PUBLIC FUNCTION).



NASSAU COUNTY DEPARTMENT OF HEALTH TEMPORARY EVENT SPONSOR APPLICATION



APPLICATION TO COORDINATE A SPECIAL EVENT OF NO LONGER THAN FOURTEEN DAYS

PLEASE SUBMIT AT LEAST **30 DAYS PRIOR TO EVENT** TO:

OFFICE OF FOOD PROTECTION / TEMPORARY EVENTS

PROGRAM NASSAU COUNTY HEALTH DEPARTMENT

200 COUNTY SEAT DRIVE, MINEOLA, NY 11501

Phone: 516-227-9717 Fax: 516-227-9559

Email: tempevents@nassaucountyny.gov

FOR OFFICE USE ONLY:

DATE RECEIVED _____

REVIEWED BY _____

INSTRUCTIONS:

- Complete both sides of Sponsor Application and submit with \$100 non-refundable Sponsor Fee made payable to Nassau County Department of Health by Certified Check, Money Order, or Credit Card (no AMEX) no less than 30 days prior to Event. Sponsor applications received less than 30 days prior to event will be charged a \$100 Late Fee.
- Provide a site plan (hand-drawn is acceptable) showing the location of all booths, restrooms, and attractions.
- Submit list of food and beverage vendors with this application. Update the Department with any changes.
- Notify all Vendors that their temporary food applications, with respective fees by money order/certified check/credit card, are due at least 3 full business days prior to Event.
- It is the Sponsor's responsibility to apply for and secure any other permits required to hold their event. This includes, but is not limited to, any event taking place at a Nassau County facility or park.

EVENT NAME:

CARNIVAL

STREET FAIR

FUNDRAISER

TASTING

OTHER:

EVENT LOCATION:

IS THIS A NASSAU CO. FACILITY OR PARK? YES NO IF YES, HAVE YOU APPLIED FOR A PERMIT WITH THE PARKS DEPT? YES NO

EVENT DATE(S) & HOURS OF OPERATION:

RAIN DATE(S):

Note: Failure to provide a raindate will require a new application/fee for event postponement

CORPORATION / ORGANIZATION / MUNICIPALITY NAME:

ADDRESS:

PHONE:

PRESIDENT/CEO:

PHONE:

EVENT CONTACT:

E-MAIL ADDRESS (PLEASE PRINT CLEARLY):

CELL PHONE #:

PLEASE COMPLETE REVERSE SIDE OF THIS FORM AND SIGN BACK OF APPLICATION.
ADDITIONAL SHEETS WITH VENDOR INFORMATION MAY BE ATTACHED.

NASSAU COUNTY DEPARTMENT OF HEALTH SPONSOR APPLICATION FOR TEMPORARY EVENT

Please answer all questions below & provide any pertinent information:

| | | | |
|---|-----------------------------|------------------------------------|------------------------|
| Motorized Rides: YES <input type="checkbox"/> NO <input type="checkbox"/> | Name & Address of Operator: | Phone #: | Email: |
| Pony Rides and/ or Petting Zoo: YES <input type="checkbox"/> NO <input type="checkbox"/> | Name & Address of Operator: | Phone #: | Email: |
| Animal operators must provide hand washing or hand cleansing facilities for patrons, and appropriate signage as required by Law | | | |
| Water Supply: Please complete the attached Addendum form concerning the water supply for the event. | | | |
| Toilet Facilities: | # of permanent toilets | # of temporary toilets (portables) | # of bathroom trailers |
| Describe Method of Continued Garbage Removal/Disposal: | | | |

A FINAL UPDATED FOOD & BEVERAGE VENDOR LIST MUST BE SUBMITTED BY SPONSOR ONE WEEK PRIOR TO EVENT INCLUDING ANY MOBILE UNITS. VENDORS WHO SUBMIT APPLICATIONS TO THE DEPARTMENT LESS THAN 3 FULL BUSINESS DAYS PRIOR TO EVENT WILL BE CHARGED A \$100 LATE FEE. PLEASE LIST ALL FOOD & BEVERAGE VENDORS BELOW.

PLEASE LIST: (If additional space is required, attach another sheet.)

FOOD & BEVERAGE VENDORS FOR EVENT

NASSAU COUNTY
ANNUALLY PERMITTED
MOBILE TRUCK VENDORS

LAST 4 DIGITS
OF VIN # or
PERMIT #

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I hereby apply to operate a temporary event pursuant to the provisions of the Nassau County Public Health Ordinance and the New York State Sanitary Code and agree to comply with the provisions of the Ordinance and the Code. I, the undersigned, attest that the information provided on this application, to the best of my knowledge, is true and correct.

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



NASSAU COUNTY DEPARTMENT OF HEALTH



TEMPORARY EVENT WATER SUPPLY ADDENDUM

INSTRUCTIONS:

- This supplemental form **MUST** be submitted with the Temporary Event Sponsor Application.
- Please answer all questions, if applicable. Sponsors who are not arranging for water supply to any of their event operators may indicate this in Question #1 and skip the rest of the form.
- Sign bottom of application certifying information provided.

| | |
|--|--------------------------------------|
| EVENT NAME: | EVENT SPONSOR: (Organizer) |
| EVENT LOCATION: | |
| EVENT DATE(S) & TIME: (only the dates you are operating) | RAIN DATE(S): |

- Will water be supplied to any vendors or attraction operators?
(If No, skip to the bottom and sign the form; If Yes, proceed to Question #2) YES ☐ NO ☐
- What is the source of potable water? Circle all that apply:
Hydrant Building NYSDOH Certified Bulk Carrier Other (describe):
- Is the hydrant or building fitted with a backflow prevention device? YES ☐ NO ☐
- Is the hosing being used certified for potable water use? (NSF/ANSI 61 for potable water and NSF/ANSI 51 for food service) YES ☐ NO ☐
- If the hosing is being connected to distribution boxes, are the distribution boxes elevated from the ground? YES ☐ NO ☐
- Are vacuum breakers present on all hose connections to the distribution boxes? YES ☐ NO ☐
- Is the hosing being used to supply water to:
 - Animal areas? YES ☐ NO ☐
 - Toilet trailers? YES ☐ NO ☐
 - Sleeping trailers? YES ☐ NO ☐
- Does the potable water hosing come into contact with hosing used for wastewater? YES ☐ NO ☐

I, the undersigned, attest that the information provided on this application, to the best of my knowledge, is true and correct.

Print Applicant's Name:

Title:

Signature:

Date:

OFFICIAL USE ONLY:

Reviewed by:

Date:

Comments:



NASSAU COUNTY DEPARTMENT OF HEALTH

**Division of Environmental Health Fee Schedule
For TEMPORARY EVENTS
Effective January 1, 2023**

Special Event Sponsor Permit

| Type | Fee |
|----------------|--------|
| Sponsor Permit | \$ 100 |
| Late Fee* | \$ 100 |

Temporary Food Service Vendor Permit

(Permit fee is based on the number of days of temporary food service operation)

| Type | Fee |
|----------------------|--------|
| One Day Operation | \$ 100 |
| 2-3 Day Operation | \$ 175 |
| 4-8 Day Operation | \$ 250 |
| 9-14 Day Operation | \$ 400 |
| Sampling/Tasting Fee | \$ 40 |
| Late Fee* | \$ 100 |

NOTE: ***ALL TEMPORARY FOOD SERVICE VENDORS THAT WILL HAVE A
FROZEN DESSERT MACHINE MUST PAY AN ADDITIONAL \$25.00 FEE AS
REQUIRED BY NEW YORK STATE LAW (New York State Sanitary Code 14-2.2(a))***

***Sponsor Applications and fees must be received in our office at least thirty (30) days prior to event. Temporary Food Service Vendor Permit Applications and fees must be received in our office at least three (3) full business days prior to event. Payment may be made by money order, certified check, or credit card only (no AMEX).**



**200 COUNTY SEAT DRIVE, MINEOLA, NEW YORK 11501
Phone: 516-227-9717 Fax: 516-227-9559**





**NASSAU COUNTY DEPARTMENT OF HEALTH
TEMPORARY FOOD SERVICE
VENDOR PERMIT APPLICATION**



**APPLICATIONS AND FEES MUST BE RECEIVED THREE (3)
FULL BUSINESS DAYS BEFORE THE EVENT. SEND 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
Email: tempevents@nassaucountyny.gov**

FOR OFFICE USE ONLY:

| | |
|---------------------|---------------------------|
| DATE RECEIVED: | REVIEWED BY: |
| NON-REFUNDABLE FEE: | |
| TERRITORY: | RISK: Circle One H M L |
| PERMIT #: | OPERATION ID # |

INSTRUCTIONS:

- Complete both sides of the Temporary Food Service Vendor Application.
- Sign back of application certifying information provided.
- Submit with fee made payable to Nassau County Department of Health by Certified Check, Money Order, or Credit Card (no AMEX), no less than 3 full business days prior to Event, to avoid a late fee.
- FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

VENDOR APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE CHARGED A \$100 LATE FEE.

| | |
|--|----------------------------------|
| EVENT NAME: | EVENT SPONSOR: (Organizer) |
| EVENT LOCATION: | |
| EVENT DATE(S) & TIME: (only the dates you are operating) | 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: | | PHONE #: | |
| CONTACT NAME: | | | |
| CONTACT CELL # | | CONTACT EMAIL: | |

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

PLEASE COMPLETE AND SIGN REVERSE SIDE OF APPLICATION.

**NASSAU COUNTY DEPARTMENT OF HEALTH
TEMPORARY FOOD SERVICE VENDOR PERMIT APPLICATION**

Instructions: Please answer all questions. Enter "N/A" if the question is not applicable.

Specify all foods and beverages to be served: _____

Where will food/beverages be prepared and stored? (**No home prepared/stored foods.**): _____

Provide a copy of your establishment license if you are permitted by another agency (food manager certificates are not permits). Receipts must be available at event for prepared foods that are purchased.

How will you keep foods at proper temperatures during transport? _____

How are foods kept cold during the event? _____

How are foods kept hot during the event? _____

How will you reheat foods, if needed, at the event? _____

You must have a calibrated, working food thermometer at the event.

Where are you getting your water from? _____

Where are you getting your ice? _____

If you are serving fresh shellfish you must maintain shellfish tags at the event (and for 90 days after).

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.

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 TRANSFERABLE and the fees are NON-REFUNDABLE.

I, the undersigned, attest that the information provided on this application, 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.

Print Applicant's Name:

Title:

Signature:

Date:

OFFICIAL USE ONLY:

☐ MENU REVIEW COMPLETED

☐ EQUIPMENT REVIEW COMPLETED

Reviewed by:

Date:

SPECIAL CONDITIONS: _____

Frozen Dessert Y N

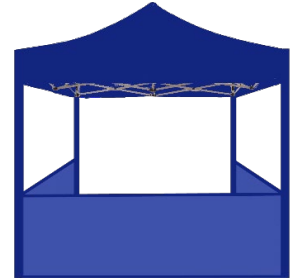
If yes, \$25 additional fee)

Fresh Shellfish Y N

NOTICE OF REQUIREMENTS FOR TEMPORARY FOOD SERVICE

Each food concession **MUST** meet the following **MINIMUM REQUIREMENTS**:

1. Temporary food stands must obtain a valid permit from the Nassau County Department of Health to operate. Each operator is to maintain their food and beverage service operation in a clean and sanitary manner.
2. All foods and beverages, including ice, must be obtained from approved sources and prepared at the booth the day of the event OR in a licensed food establishment. On-site preparations must be kept to a minimum. Receipts for purchased/donated foods and beverages must be provided upon request.
NOTE: Home-prepared or home-stored foods are prohibited.
3. Food stands must be constructed in a manner to prevent entry by the public. Overhead coverings are required outdoors.



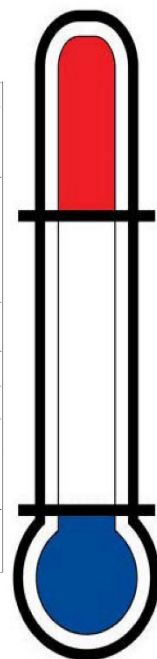
4. A hand wash station meeting the minimum requirements is required at each food stand: a five [5] gallon beverage dispenser with a continuous flow spigot, supplied with warm water, hand soap and disposable towels. A catch-bucket for wastewater is required. *Hand sanitizer is not a substitute for hand washing.*

Each food stand must provide an adequately sized closed container for wastewater collection and removal. Wastewater must be disposed of in an approved, sanitary manner. *Wastewater may NOT be discharged onto the ground.*

5. All food preparation and food service personnel must prevent bare-hand contact with ready-to-eat foods by wearing disposable gloves or using suitable utensils.
6. All foods are to be cooked and/or reheated to the minimum temperatures required. Foods must be kept at proper temperatures at all times, including during transportation (below 41°F or above 140°F):

- **Cold Holding**: Provide adequate equipment to maintain all potentially hazardous foods/beverages at a temperature below 41°F during cold holding. Foods (including packaged items) may not come into contact with water or undrained ice. If kept in an ice chest, the ice must drain into an acceptable container.
 - **Hot Holding**: Provide adequate equipment to maintain all potentially hazardous foods at a temperature at or above 140°F during hot holding. This includes those foods held in storage or in reserve.
7. Each vendor must have an accurate food thermometer to monitor the temperatures of their foods.

| Minimum Internal Cooking Temperatures | |
|---------------------------------------|---|
| 165°F | Poultry, Reheating, Stuffing, Stuffed Meats |
| 158°F | Ground Beef |
| 150°F | Pork |
| 145°F | Eggs |
| 140°F | Fish, Lamb, pre-cooked foods |
| 130°F | Rare Roast Beef |



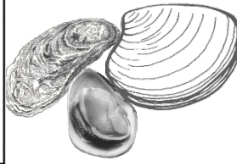
Hot holding
140°F or above

Temperature
Danger Zone
41-140°F

Cold holding
41°F or below

(continued)

| | |
|---|------------|
| DEALER NAME: | CERT. NO.: |
| Dealer Address | |
| City, State Zip Code | |
| ORIGINAL SHIPPER'S CERT. NO. IF OTHER THAN ABOVE: | |
| HARVEST DATE: | |
| HARVEST LOCATION: | |
| TYPE OF SHELLFISH: | |
| QUANTITY OF SHELLFISH: | |
| THIS TAG IS REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY AND THEREAFTER KEPT ON FILE FOR 90 DAYS. | |



8. If you are serving fresh shellfish (clams, mussels, and oysters), they must be obtained from a supplier who can provide you with completed shellfish tags. These tags must be kept with the shellfish in your booth. You must save these tags for at least 90 days after the event.

9. All foods and single-service wares (plates, cups, utensils, etc.) must be protected at all times from potential contamination and exposure to the public, the environment, and the elements (covers, sneeze guards, etc.). Foods must be stored at least 6 inches off the ground to avoid contamination.
10. Only single-service wares may be used at the event, unless the operator has the means to adequately wash, rinse, and sanitize items on site. Any non-disposable equipment, such as utensils or cutting boards are to be cleaned and sanitized regularly. Wiping cloths must be kept clean and stored in a container of sanitizing solution. Test strips are to be available to test sanitizer concentration (Chlorine = 100 ppm; Quaternary ammonium = 200-400 ppm).
11. Employee health and hygiene: All food and beverage handlers must be free from illness, or infected cuts or lesions. A clean apron over street clothes should be worn and hair must be restrained.
12. The food booth and its immediate vicinity is to be kept free of trash. Garbage containers are to be provided.
13. Sufficient artificial lighting should be provided if the ambient light is inadequate.
14. Floors in food preparation and service areas are to be concrete, asphalt, wood or other cleanable material. Where stands are on dirt, gravel, or sand (and graded to drain), the operator may use platforms or duckboards.
15. Convenient and adequate toilet facilities must be available (within 200 feet of food stand).



All temporary food service establishments shall meet or exceed the above minimum requirements prior to operation and by no means, be limited to the above requirements, but shall meet the requirements of the Nassau County Public Health Ordinance, the New York State Sanitary Code, the Public Health Law of the State of New York and any other related laws.

Failure to meet and/or maintain the above minimum requirements may result in the denial or suspension of your service food establishment permit and any other further action(s) the Health Department may deem necessary. Continued or willful violations may be punishable under the Penal Law of the State of New York.