



TEMPORARY EVENT (with Food Service) ORGANIZER APPLICATION AND PERMIT

DEPARTMENT OF HEALTH SERVICES BUREAU OF PUBLIC HEALTH PROTECTION

\* SUBMIT AT LEAST 21 DAYS PRIOR TO THE EVENT

Official Use Only
FEES: \$210 Permit Fee (No Permit Fee Required for Non-Profit with Copy of Tax Exempt Form Attached)
\$ 70 \* Late fee for applications submitted less than 21 days prior to the event
PERMIT ISSUED PERMIT DENIED SANITARIAN SANITARIAN ID#

Applications must be accompanied by a site plan drawn to scale showing sewage disposal, water and electric lines, proposed locations of food establishments, toilets, and utility washrooms. Payment can be made by check, money order (payable to "Commissioner of Health Services"), or VISA/Master Card. NO PERMIT FEE REFUNDS OR CREDIT FOR FUTURE EVENTS.

1. ORGANIZER/APPLICATION INFORMATION:

Name of Organization Contact Person
E-mail Address Daytime Phone #:
Mailing Address
Town State Zip

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation and Disability Insurance coverage or an approved waiver (Form CE-200) if coverage is not provided. Contact the New York State Workers Compensation Board for requirements and applicability at 1-866-805-3630 or online at https://www.labor.ny.gov/home/.

The following forms must be provided:

- 1. Workers' Compensation - Form C-105.2 OR Form U-26.3 OR Form SI-12 OR Form GSI-105.2
2. Disability Benefits - Form DB-120.1 OR Form DB-155

2. EVENT INFORMATION:

Event Name
Location/Street Address:
Opening Date: Closing Date: Estimated Daily Attendance:

Hours of Operation:

Table with 8 columns (Day of the Week, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday) and 3 rows (Opening Time, Closing Time).

3. Toilet Facilities for Food Handlers with Warm Running Water Hand Washing Sinks:

Number of Flush Toilets Number of Hand Washing Sinks with warm running water
Location of Toilet Facilities Distance from Food Vendors feet

4. Toilet Facilities for Public:

Number of Public Toilets Provided Number of Hand Sinks Number of Handicap Accessible Toilets

5. Event Set-up Information:

Source of Water Supply (If well water, attach water analysis. If public water, supply proof of source)
Will a fire hydrant be used for potable water? Yes No If yes, provide recent water sample lab analysis results and a fire hydrant permit. A reduced pressure zone valve (with test results attached) must be connected to hydrant to prevent backflow.
Proposed Water Distribution Plan
Location of 3-compartment Sink for Utensil Washing (required for multiple day events)
Source of Hot Water Supply for 3-Compartment Sink
Location of On-site Mechanical Refrigeration
Source of Continuous Electric Power for the Event

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

Number of Garbage Collection Facilities \_\_\_\_\_ Name of Garbage Disposal Service \_\_\_\_\_

Name of Contracted Wastewater Pump out Service \_\_\_\_\_

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

Will the Event Feature Live Animals (i.e., petting zoos, pony rides, rodeos)? Yes No If yes, please fill out this section

Type (i.e., Petting Zoo)	Name of Company	Address	Permit #	Contact Person	Phone #

6. List of food vendors, caterers, and any other participants providing food to the public, including food for sampling and tasting.

Name	Address	Phone Number

The undersigned applicant hereby states that they are the responsible owner or manager of the said operation; that they have obtained authorization for use of the proposed location and secured licenses and permits as locally required; that they are familiar with and prepared to comply with pertinent regulations of the Suffolk County Sanitary Code, and that they accept responsibility for any and all violations of the Code caused or committed by any of their employees. Permits are not transferable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

Title (Print) \_\_\_\_\_



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