SUFFOLK COUNTY
DEPARTMENT OF HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION

TEMPORARY EVENT ORGANIZER'S APPLICATION AND PERMIT

*** SUBMIT *AT LEAST* *21* DAYS PRIOR TO THE EVENT**

Official Use Only **DATE RECEIVED:** _____

FEES:

_____$185 Permit Fee (No Permit Fee Required for Non-Profit with Copy of Tax Exempt Form Attached)
_____$ 60 * Late fee for applications submitted less than 21 days prior to the event

PERMIT ISSUED ☐ **PERMIT DENIED** ☐ **SANITARIAN** _____ **SANITARIAN ID#** _____

DATE ISSUED: _____

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. Events cannot exceed a 14 day period. Permits cannot be renewed at the same location. Late applications may be denied at the discretion of the Department. Payment can be made by check, money order (payable to "Commissioner of Health Services"), or VISA/Master Card.

1. **ORGANIZER/APPLICATION INFORMATION:**

Name of Organization_____ Contact Person _____

E-mail Address _____ Daytime Phone #:_____

Mailing Address_____

Town _____ State _____ Zip_____

2. **EVENT INFORMATION:**

Event Name _____

Location: _____ Opening Date: _____ Closing Date: _____

Street Address _____ Nearest Cross Street _____

Town: _____ Average Daily Attendance: _____

Hours of Operation:

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Closing Time	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

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 Three-compartment Sink for Utensil Washing (required for multiple day events) _____

_____

Source of Hot Water Supply for Three-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)_____

Public Health
Prevent. Promote. Protect.

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