

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, MD, MPH
Commissioner

TEMPORARY EVENT ANNUAL SAMPLING PERMIT REQUIREMENTS

For the purposes of this permit, “sampling” is defined as offering small portions of non-temperature controlled for safety (non-TCS) foods/beverages free of charge in order to promote sales of a packaged product.

A “sampling permit” may be issued to applicants who meet the following requirements:

- Must operate at events with temporary food service regulated by Suffolk County
- Foods and beverages offered as samples must be non-TCS
- Sampled product promoted for sale must be prepared and packaged by a regulated food processor or prepared with approval from a regulatory authority
- On-site food and/or beverage preparation must be approved by the Department and will be restricted to what is necessary to provide sample portions
- Only single-use utensils and equipment can be used for preparing and dispensing samples
- A person with a valid food safety/food protection certificate issued by an authority approved by the Commissioner must be on site during all hours of operation
- The food service operation must be constructed, maintained and operated in compliance with the Standards of the Suffolk County Department of Health for the Administration of Section 760-1390 of Article 13 of the Suffolk County Sanitary Code (Temporary Food Service)

The following forms and documents must be submitted with a permit application:

1. Sampling Permit Application and Fee (\$190)
2. A copy of Valid Food Safety/Food Protection Certificate(s)
3. Proof of Workers’ Compensation and Disability Insurance
4. Food Source Information (Processing License, Exemption, Permit)

A copy of the permit, which will be valid only within a single calendar year (all permits expire in December), must be posted in prominent view during operation at all events at which temporary food service is regulated by Suffolk County Department of Health Services.



BUREAU OF PUBLIC HEALTH PROTECTION
360 Yaphank Avenue, Suite 2A, Yaphank NY 11980
(631) 852-5999 FAX (631) 852-5871
<https://www.suffolkcountyny.gov/PHP>

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
ANNUAL TEMPORARY EVENT SAMPLING PERMIT APPLICATION**

Annual Sampling Permit Fee	\$ 190.00	[] Classification Code
Payment may be made by check, money order or VISA/MasterCard Checks or money orders must be made payable to: THE COMMISSIONER OF HEALTH SERVICES Credit card transactions are subject to processing fee IMPORTANT: Complete entire application. <i>Processing of your application may be delayed if it is incomplete or illegible.</i>		[/ /] Issue Date
		[/ /] Expiration Date
		[FA] Facility I.D.
PLEASE PRINT USE BLACK INK ONLY		Approved by _____

1. Name of Establishment (D/B/A): _____ **Owner's Name:** _____
 Street _____
 City _____ Zip Code: | | | | Phone No. () -
 Email address: _____

2. Type of Ownership: Individual Corporation Non-Profit Partnership LLC

3. Owner/Corporation Name and Mailing Address: (Submit Proof of Ownership)
 Name: _____
 Street: _____ Phone No. () -
 City: _____ State: _____ Zip Code: | | | | |

4. Layout/Set-up:

a. Booth set-up:
 Type of ceiling/overhead protection: _____
 Type of flooring/ground cover: _____
 Perimeter barrier provided: _____

b. Describe hand washing station set-up: _____
 c. Describe sneeze guard/other barrier: _____
 d. Equipment used on-site to prepare and serve samples: _____

e. Please describe the type of sanitizer to be used on-site: _____

5. Food Safety Certification:

Certificate number: _____ Issuing agency: _____ Certificate issue date: _____
 (Submit copy of certificate with application)

Suffolk County Limited Food Manager's Course Registration:
<https://apps2.suffolkcountyny.gov/health/foodtraining/>

6. Required Insurance Information:

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

7. Foods/Beverages to be Sampled:

If food/beverage is prepared in a facility not regulated by Suffolk County Department of Health Services (e.g., New York State Department of Agriculture and Markets) under a processing license or an exemption, a copy of the permit, license, or exemption approval must be attached to this application.

List of Items to be Sampled	Description of Sampling Procedure	Name of Food/Beverage Source	Address of Food Source
<i>e.g., Hot Sauce</i>	<i>Hot sauce poured on to chip and given to customer on a paper plate</i>	<i>ABC Hot Sauce Company</i>	<i>1234 Habanero Way, Anywhere USA 12345</i>
<i>e.g., Honey</i>	<i>Honey poured into disposable teaspoon and served to customer</i>	<i>Local Honey Co.</i>	<i>1 Honey Drive, Long Island NY 54321</i>
1.			
2.			
3.			
4.			
5.			

I hereby certify that information provided in this document is true. I understand that I am obligated to comply with the food safety requirements as stated herein as well as applicable provisions of the New York State and Suffolk County Sanitary Codes. The applicant hereby authorizes officials of the Suffolk County Department of Health Services to inspect any and all premises at any time and take samples of food therefrom for laboratory testing. Additionally, I fully understand that any deviation from the conditions stated herein without prior permission from the Department may result in legal action and/or closure of the food service operation.

Owner of Establishment* _____

Owner's Signature _____

Title _____ Date _____

FOR OFFICE USE ONLY

*If the establishment is owned and operated by a corporation, this application must be signed by a corporate officer.

