



NASSAU COUNTY DEPARTMENT OF HEALTH TEMPORARY EVENT SPONSOR APPLICATION



APPLICATION TO COORDINATE A SPECIAL COMMUNITY 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.
- Any Sponsor application received less than 30 days prior to event will be charged a \$100 Late Fee.
- Contact the Department for an appointment to review the application with a Program Coordinator.
- Submit list of food and beverage vendors with this application.
- Submit all Vendor applications with respective fees by money order/certified check/credit card at least 3 full business days prior to Event.

EVENT NAME:						
<i>CIRCLE TYPE BELOW:</i>						
CARNIVAL	STREET FAIR	FUNDRAISER	TASTING	OTHER:		
EVENT LOCATION:						
EVENT DATE(S):				RAIN DATE(S):		
<i>HOURS OF OPERATION:</i>						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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:
Water Supply: Select One:	BUILDING	HYDRANT	TANKER	HOW IS HOT WATER PROVIDED:	
Toilet Facilities: Select One:	PERMANENT	TEMPORARY	# OF TRAILERS	# of Food/Beverage TENTS:	
Describe Method of Continued Garbage Removal/Disposal:					

SPONSORS MUST OBTAIN PERMIT APPLICATION FEE BY MONEY ORDER, CERTIFIED CHECK, OR CREDIT CARD FOR EACH FOOD SERVICE VENDOR PARTICIPATING AT EVENT & FORWARD TO THE DEPARTMENT PROMPTLY. 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	OUTSIDE STOREFRONT YES <input type="checkbox"/> NO <input type="checkbox"/>	ANNUALLY PERMITTED MOBILE TRUCK VENDORS	LAST 4 DIGITS OF VEHICLE ID #
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

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