

Rose Mary Rahn Director

Milton Teske, M.D.

Health Officer



To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.

Please <u>complete</u> this food vending permit application and return with your payment and the enclosed invoice.

Por favor de <u>completar</u> su aplicacion y devuelvala con su pago y la copia de su factura

FOOD VENDING PERMIT WILL BE HELD UNTIL APPLICATION IS RETURNED TO OUR OFFICE

EL PERMISO NO SI	ERA ENVIADO HASTA	QUE LA APLICACION SEA DEVUELTA A NUESTRA OFICINA		
Business Name/ Nombre de Negocio		Business Location/ *Domicilio de Negocio		
Business Phone	Contact Phone	Dilling/Mailing Address		
Telefono de Negocio	Numero de Contacto	Billing/Mailing Address Direccion de Envio		
Telefolio de 14egocio	Trumero de Contacto	Direction de Envio		
Owner's Name /Nombre de Propietario		Home Address/ Domicilio de Casa		
D '(A 1' // C / / 1	2. 2. 2.			
Permit Applicant/ Contact Person's Name Solicitante/ Persona de Contacto		E-mail Address / Correo Electronico		
Solicitante/ Fersona de Contacto		L-man Address / Corres Electronics		
*Certified Food Safety Person's Name/		*Name of Food Safety Exam and Pass Date/		
*Gerente de Seguridad de Alimentos		*Nombre de Examen de Seguridad Alimentaria		
		S YEAR PLEASE SEND IN A COPY WITH APPLICATION		
		NO ANTERIOR, POR FAVOR ENVÍE UNA COPIA CON APLICACIÓN		
Applicant's Signature /Fir	ma de Solicitante	Date/Fecha		
OFFICE USE ONLY/ USO	DE OFICINA SOLAMEN	TE CONTRACTOR OF THE CONTRACTO		
DEC'D DV # EAC	и иту 4.	DEDMIT EVD DATE		
		PERMIT EXP DATE		
CIRCLE ONE OF THE FOL				
		_(3)CASH & CHECK(4) CREDIT CARD AMT REC'D		
DATE OF CHECK/	/CHECK#	RECEIPT #		
APPROVED BY:		//		
(ENVIRONMENTAL HEALTH OFFICER SIGNATURE) (DATE APPROVED)				
		DATE UPDATED:/INITIALS:		
H:/AWEHS/FORMS/APPLICATIONS/Fo	ood/Food Vending Permit Application F	Revised 7/26/2023		



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RESTAURANTS & BAKERIES ONLY

Your bill is based on the gross receipt category you reported for the prior year. Please check the appropriate box for your gross receipts in the previous calendar year. If your fee category has changed you will need to provide a copy of last year's annual tax gross receipts. Estimate this year's annual gross if you did not operate last year. Fee category is subject to change without prior notice. By signing you are certifying that your gross receipts fall under the designated category and will provide tax documentation upon request.

GROSS RECEIPT CATEGORY		
	UNDER \$12,000	\$149.00
	\$12,001 - \$100,000	\$357.00
	\$100,001 - \$250,000	\$713.00
	\$250,001 - \$500,000	\$1,439.00
	\$500,001 - \$750,000	\$2,008.00
	\$750,001 - \$1,000,000.	\$2177.00
	Over \$1,000,000.	\$2,684.00

RETAIL MARKETS ONLY

Fees are based on the square footage devoted to food storage/display.

SQUARI	E FOOTAGE CATEGORY	PERMIT FEE
J	Under 500 Sq. Ft.	\$149.00
5	501 – 2,000 Sq. Ft	\$357.00
2	2,001 – 5,000 Sq. Ft	\$654.00
5	5,001 – 10,000 Sq. Ft	\$1,319.00
1	10,001 – 15,000 Sq. Ft	\$1,699.00
	Over 15,000 Sq. Ft	\$1,961.00
<u>OTHER</u>	CATEGORIES	PERMIT FEE
E	Bar	\$416.00
	Cottage Food Class A (Direct Sales Only)	\$135.00
	Cottage Food Class B (Direct & Indirect Sales)	\$403.00

Produce Stand (Permanent).....

Produce / Candy Stand (Mobile or Swap Meet)....

Hotel Breakfast....

Food Vending Machines (Per Location).....\$224.00

\$417.00

\$218.00

\$227.00