



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.



## FOOD VENDING PERMIT APPLICATION FOR TEMPORARY EVENTS

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Set-Up Time: \_\_\_\_\_

Type(s) of food being served: \_\_\_\_\_

Where will the food be prepared?  On-Site  Permitted facility in Kings County or approved commissary.

\*Name & Address: \_\_\_\_\_

*\*Submit commissary letter along with application*

BUSINESS or ORGANIZATION NAME

APPLICANT'S NAME

MAILING ADDRESS: ADDRESS, CITY, ZIP CODE

BUSINESS PHONE

ALTERNATE PHONE

EMAIL

APPLICANT'S SIGNATURE

DATE

### CATEGORIES

### PERMIT FEE

- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | Temporary Food Facility ( <i>Multiple Events-good for one year</i> ).....             | \$401.00 |
| <input type="checkbox"/> | Temporary Food Facility ( <i>Single Event-not to exceed 5 consecutive days</i> )..... | \$204.00 |
| <input type="checkbox"/> | Current Food Vending Permit Holder .....  | \$0.00   |
| <input type="checkbox"/> | Non-Profit**.....   | \$0.00   |

\*\* Note: The non-profit charitable organization must receive all of the monetary benefit & proof of non-profit status is required

### **OFFICE USE ONLY**

REC'D BY # \_\_\_\_\_ FACILITY # \_\_\_\_\_ PERMIT EXP. DATE \_\_\_\_\_

REC'D \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT REC'D \$ \_\_\_\_\_ PAYMENT TYPE:  CASH  MONEY ORDER.  CREDIT CARD  CHECK

RECEIPT/CHECK NUMBER # \_\_\_\_\_ CHECK DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

H:\AWEHS\FORMS\APPLICATIONS\Temporary Events\Temporary Food Application 7/26/2023