

TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Incorporated Village of Lindenhurst

TEMPORARY FOOD SERVICE ESTABLISHMENT: An individual food service establishment operating from a booth, stand, vehicle, or cart, in a fixed public or private, indoor or outdoor location, at an event, where foods are stored, prepared or held for service to the public. A temporary food service establishment shall also mean a person who vends, dispenses or distributes pre-packaged or other non-potentially hazardous foods from a container or other equipment approved by the Village Administrator or his designee that is carried upon his or her person at an event.

WHERE CAN TEMPORARY FOOD SERVICE ESTABLISHMENTS OPERATE IN THE VILLAGE OF LINDENHURST?

- Temporary Food Service Establishment Vendors can operate on private property in specific zoning districts
- Special Events
- Any event sponsored by the Village or a Community Organization requires a Village of Lindenhurst Temporary Food Service Establishment Vendor Permit.

REQUIREMENTS & FEES TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT ON PRIVATE PROPERTY

- The property owner must provide their permission for the temporary food service establishment vendor to be on the property
- The temporary food service establishment vendor may operate at one property location for a maximum of three consecutive days; after three days, the temporary food service establishment vendor must move off of the property.
- The temporary food service establishment vendor must obtain a Village of Lindenhurst Temporary Food Service Establishment Permit from the Village Clerk's Office at Lindenhurst Village Hall, 430 South Wellwood Avenue, Lindenhurst, NY 11757.
- The fee for a Village of Lindenhurst Temporary Food Service Establishment Permit is as follows:
 - \$50.00 per day, with a maximum of three consecutive days at one location –OR– \$200.00 per year for an annual permit.

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PERMIT APPLICATION**

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DAILY FEE: \$50.00 per day (maximum of three (3) consecutive days at one location)

ANNUAL FEE: \$200.00 per calendar year (must still submit applications for specific event dates)

THIS APPLICATION IS FOR (check one):

_____ DAILY FEE PERMIT APPLICATION

_____ ANNUAL FEE APPLICATION

_____ I HAVE AN ANNUAL FEE PERMIT (#_____), BUT AM APPLYING FOR SPECIFIC EVENT DATE(S) (only needs to fill out this page)

EVENT INFORMATION

EVENT TITLE: _____

EVENT LOCATION/ADDRESS: _____

DATE(S) TEMPORARY FOOD SERVICE ESTABLISHMENT WILL BE OPERATING:

EVENT SPONSOR INFORMATION

SPONSOR/ORGANIZATION: _____

SPONSOR CONTACT
NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SPONSOR AUTHORIZATION:

SIGNATURE OF SPONSOR CONTACT: _____

Please print clearly and answer all questions. I solemnly swear to the truth of the following statements:

NAME: _____

ADDRESS (Street Address, Town, State & Zip Code):

PREVIOUS ADDRESS (if at current address for less than five (5) years):

DAYTIME TELEPHONE NUMBER: _____

NAME & ADDRESS OF BUSINESS OR EMPLOYER:

NAME & ADDRESS OF PREVIOUS BUSINESS OR EMPLOYER (if employed by the above for less than five (5) years):

DATE OF BIRTH: _____

HEIGHT: ____ WEIGHT: ____ EYE COLOR: _____ HAIR COLOR: _____

IN THE SPACE BELOW, PROVIDE TWO FULL-FACE PHOTOGRAPHS OF THE APPLICANT TAKEN WITHIN 30 DAYS OF APPLICATION AND MEASURING 1 ½" x 1 ½".

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING?

FELONY: YES _____ NO _____

MISDEMEANOR: YES _____ NO _____

VIOLATION OF ANY MUNICIPAL ORDINANCE, EXCEPT TRAFFIC VIOLATIONS:

YES _____ NO _____

IF YES TO ANY OF THE ABOVE, PLEASE PROVIDE:

DATE: _____

COURT: _____

ORDINANCE: _____

SENTENCE OF THE COURT: _____

.....

HAVE YOU BEEN PREVIOUSLY LICENSED IN ANY OCCUPATION?

YES _____ NO _____

IF YES, PLEASE PROVIDE A COPY OF THE LICENSE AND:

DATE OF LICENSING _____

PLACE OF LICENSING _____

TIME PERIOD THE LICENSE WAS HELD _____

WAS THE LICENSE REVOKED? YES _____ NO _____

IF YES, DATE OF REVOCATION _____

REASON FOR REVOCATION _____

NAME AND ADDRESS OF THE PERSON, FIRM, OR CORPORATION APPLICANT
REPRESENTS AND/OR IS EMPLOYED BY: _____

THE MANNER OR MEANS OF CONVEYANCE IN WHICH SAID BUSINESS OR TRADE
OR OCCUPATION SHALL BE CONDUCTED: _____

Please note the following Solicitation License Requirements:

1. If the application is for a license to handle food in any form, the applicant shall submit a valid permit issued by the Suffolk County Health Department indicating compliance with the provisions of the Suffolk County Public Health Local Law.
2. If the applicant requires the use of weighing and/or measuring devices, such application shall be accompanied by a certificate from the County Sealer of Weights and Measures certifying that all weighing and measuring devices to be used by the applicant have been examined and approved.
3. If the application involves use of a vehicle, proof of a valid New York Motor Vehicle Registration for the vehicle to be used must be provided.
4. If the application involves use of a vehicle, proof must be provided that the applicant holds a valid New York State Driver's License.
5. Proof of applicant's New York State sales tax identification number.
6. In the event that any other license or permit shall be required by any other governmental agency in connection with the applicant's business, the same shall be produced by the applicant, and the Town Clerk shall duly note the same.
7. Applicant must provide proof of insurance for a minimum sum of \$100,000 for personal injury and property damage suffered by any person as a result of the solicitor's doing business pursuant to a solicitor's license.
8. Any person or any employee of any organization who is required to be registered with the Attorney General of the State of New York under the provisions of Article 7-A of the Executive Law of the State of New York, relating to the solicitation and collection of funds for charitable purposes, shall exhibit evidence of such registration to the Town Clerk.
9. Applicant must provide any additional information that the Town Clerk shall deem necessary for the purpose of administering Chapter 167 of the Babylon Town Code which governs solicitation licensing.
10. Any changes regarding the information provided in this application or on the license must be reported to the Town Clerk with thirty (30) days.

OPERATOR'S VEHICLE LICENSE INFORMATION

NAME OF VEHICLE OPERATOR: _____

ADDRESS OF OPERATOR: _____

TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER AND DATE ISSUED: _____

NAME OF LESSOR OF VEHICLE: _____

ADDRESS OF LESSOR: _____

TELEPHONE NUMBER OF LESSOR: _____

MAKE OF VEHICLE: _____ VEHICLE PLATE NUMBER: _____

YEAR: _____ COLOR: _____ MODEL: _____

NYS HEALTH DEPARTMENT INSPECTION NUMBER: _____

SUFFOLK COUNTY SAFETY CLASS NUMBER: _____ EXP: _____

NYS DEPARTMENT OF TAXATION AND FINANCE ID: _____

(Signature of Applicant)

Sworn before me this _____ day of _____, 20_____.

(Notary Public)

DO NOT WRITE BELOW THIS LINE

License number _____ of _____

Date Issued _____

Applicant's badge number _____

Issued by _____