

# **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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*DAILY FEE:*                 \$75.00 per day (maximum of three (3) consecutive days at one location)

*ANNUAL FEE:*             \$250.00 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 \_\_\_\_\_