



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>)..... | \$371.13 |
| <input type="checkbox"/> | Temporary Food Facility (<i>Single Event-not to exceed 5 days</i>)..... | \$188.27 |
| <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: _____

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