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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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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>).....	\$300.00
<input type="checkbox"/>	Temporary Food Facility (<i>Single Event-not to exceed 5 days</i>).....	\$125.00
<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

YOU MUST DISPLAY A COPY OF THIS APPLICATION AT ALL TIMES DURING THE EVENT

OFFICE USE ONLY

REC'D BY # _____ FACILITY # _____ PERMIT EXP. DATE _____

LIC. PLATE# (*for mobile units*) _____ DATE REC'D ____/____/____ AMT REC'D \$ _____

PYMT TYPE: CASH CHECK BOTH CHECK # _____ CHECK DATE: ____/____/____

Notes: _____