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Health Officer



**COUNTY OF KINGS**

**DEPARTMENT OF PUBLIC HEALTH**

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Environmental Health Services  
<http://www.countyofkings.com/Health/ehs/index.htm>

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**FOOD VENDING PERMIT APPLICATION FOR TEMPORARY EVENTS**

NAME OF EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE AND START TIME OF EVENT: \_\_\_\_\_

TYPE(S) OF FOOD THAT WILL BE 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

MAILING ADDRESS: ADDRESS, CITY, ZIP CODE

APPLICANT'S NAME

BUSINESS PHONE

ALTERNATE PHONE

APPLICANT'S SIGNATURE

DATE

EMAIL

**CATEGORIES**

**PERMIT FEE**

- Temporary Food Facility (multiple events-good for one year).....\$280.00  
(If a vehicle, license # \_\_\_\_\_)
- Temporary Food Facility (**single event - not to exceed 5 days**) ..... \$100.00  
(If a vehicle, license # \_\_\_\_\_)
- Non-Profit \*\* .....\$0.00
- Current Food Vending Permit Holder (FVP # \_\_\_\_\_) .....\$0.00

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

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

**OFFICE USE ONLY**

AMT REC'D \_\_\_\_\_ REC'D BY # \_\_\_\_\_ DATE OF PAYMENT \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_ (1) CASH \_\_\_\_\_ (2) CHECK - CHECK# \_\_\_\_\_ DATE \_\_\_\_\_

CIRCLE ONE OF THE FOLLOWING: RENEWAL / NEW / CHANGE-OF-OWNERSHIP

OWNER # \_\_\_\_\_ FACILITY # \_\_\_\_\_ PROGRAM REC # \_\_\_\_\_

**DATE APPROVED & BY OFFICER:** \_\_\_\_\_

*H:\Forms\Forms2009\Application\Temporary Food Application – modified 6-15-09*