



# Vendor Registration Form

**Register Now!**

**Oswego Bacon Festival  
Saturday, September 8<sup>th</sup>  
Noon to 8pm  
Oswego Speedway, Oswego, NY**

**FREE ADMISSION  
LIVE MUSIC/BACON EATING CONTEST/GAMES/ FAMILY FUN ZONE**

**Registration Fee—\$300**

Price includes an approximate 15' space and electricity.  
*Full payment is required with registration form to reserve your space. Payment may be made by check or credit card (credit card form attached). All food and beverage vendors must have insurance and must obtain a temporary food service permit from Oswego County Department of Health.*

Please send registration form and payment to: Galaxy Events, 235 Walton Street, Syracuse, NY 13202 or fax to 315-472-1888, or via email (if paying by credit card) at [Jordan@galaxyeventscompany.com](mailto:Jordan@galaxyeventscompany.com)

Check Enclosed

OR

Credit Card Form Attached

Please call Jordan with any questions at 315-471-9597 or email [Jordan@galaxyeventscompany.com](mailto:Jordan@galaxyeventscompany.com)

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Your Phone #

\_\_\_\_\_  
Email address/ Cell#

\_\_\_\_\_  
Signature

Check if you need electricity.

\_\_\_\_\_  
Your Website



**OSWEGO COUNTY HEALTH DEPARTMENT**  
**TO BE COMPLETED BY ALL TEMPORARY FOOD SERVICE OPERATORS**

Temporary Unit I (single day)	\$ 35
Temporary Unit II (1 event 3-14 consecutive days)	\$100
Temporary Unit III (seasonal, limited dates)	\$150

Operation Name: \_\_\_\_\_

**NOTE:** May only serve food requiring limited preparation. *Food must not be prepared at home.* All food must be commercially prepared, prepared on-site or prepared at a regulated food service facility. Cooked food can not be saved for next-day serve.

1) **Food Preparation:**

- A) Approximately what time will food preparation begin? \_\_\_\_\_
- B) What time will food service begin and end? \_\_\_\_\_
- C) Is the food service to be located outdoors?                      Yes \_\_\_\_\_ No \_\_\_\_\_
- D) Is electricity available at the site?                                      Yes \_\_\_\_\_ No \_\_\_\_\_
- E) Is hot and cold running water available at the site?                      Yes \_\_\_\_\_ No \_\_\_\_\_

2) **Cooking Facilities :**(describe) \_\_\_\_\_

**Storage Facilities:** (describe) \_\_\_\_\_

Hot Holding: \_\_\_\_\_

Cold Holding: \_\_\_\_\_

Dry Storage: \_\_\_\_\_

**Storage Facilities During Transport:** (describe) \_\_\_\_\_

3) **Utensil Washing Procedures:** \_\_\_\_\_

Follow the approved method for washing dishes and utensils or if no facilities are available on site have back up supply of utensils.

4) **Thermometers:**

Do you have a metal stem probe thermometer (0-220 degrees F.)?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have thermometers for all refrigerated storage facilities?                      Yes \_\_\_\_\_ No \_\_\_\_\_

5) **List Water Supply Source:**

Municipal water supply \_\_\_\_\_ Regulated facility \_\_\_\_\_

Commercially bottled water \_\_\_\_\_

6) **Describe hand wash facilities:** \_\_\_\_\_

**Toilet facilities:**

Are there toilet facilities available?                      Yes \_\_\_\_\_ No \_\_\_\_\_ With hand washing? Yes \_\_\_\_\_ No \_\_\_\_\_

Proximity to food prep/service \_\_\_\_\_ feet.



**Application for Permit(s) to Operate Temporary Food Service  
Oswego County Department of Health**

**Section D: Workers' Compensation and Disability Insurance**

Submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

**A. Workers Compensation and Disability Insurance Coverage is PROVIDED**

Workers Compensation

- Form C-105.2 – Certificate of Worker's Compensation Insurance                    **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance                    **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance                **OR**
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

Disability Benefits

- DB-120.1 - Certificate of Disability Benefits    **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

**B. Workers Compensation and Disability Insurance Coverage is NOT PROVIDED**

- Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Please return completed application to: **Division of Environmental Health  
Oswego County Department of Health  
70 Bunner St  
Oswego NY 13126  
(315) 349 - 3557**

Return by: 8/30/2015

**Section E: Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.)**

Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code. False statements made on this application are punishable under the penal law.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Permit issuance recommended?     Yes     No    Number of Permits Issued \_\_\_\_\_

Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



Galaxy Events LLC  
235 Walton St  
Syracuse, NY 13202

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
\_\_\_\_\_

Card Type (Circle One): VISA MC AMEX DISC

Card Number: \_\_\_\_\_

3 (or 4 for AMEX) Digit Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Event(s): \_\_\_\_\_

No other charges will be authorized or made to the card without separate arrangements.

Client Signature

Date