

OSWEGO BACON FESTIVAL

Saturday, September 8 | 12-6p



VENDOR REGISTRATION

LIVE MUSIC/BACON EATING CONTEST/GAMES/FAMILY FUN ZONE

Name of Business: _____

Contact Name: _____ Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

REGISTRATION FEE-\$300

Includes a 15' space and electricity

Registration form and payment may be:

Mailed: 235 Walton Street, Syracuse, NY 13202

Emailed: Lisa@galaxyeventscompany.com

Faxed: 315-472-1888

By checking this box and signing below, I am confirming that my **\$300.00** registration fee is either:

Enclosed with a check made payable to: *Galaxy Events Company*

Attached with the completed credit card payment form

and included with this completed registration form to reserve my space. *If I am a food and beverage vendor, I understand that it is my responsibility to obtain a temporary food service permit from Oswego County Department of Health*

Signature: _____ Date: _____

Please call Lisa at 315-471-9597 with any questions



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



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 A: Owner/Operator Information

Permit Application Information

Operating Corporation _____

Person in Charge _____
First M.I. Last

Legal Address _____

Total Fee: _____

City, State, Zip _____

Other Name(s) to print on Permit: _____

Phone _____

E-mail address _____

Home Cell Other (Circle One)

Section B: Please list all Events for which Permits are needed.

<u>Event/Location Address</u>	<u>Operation Name</u>	<u>Dates/Hours of Operation</u>
_____	_____	_____
_____	_____	_____

Section C: FOODS (Please attach additional foods served info for each event listed, if different)

Name of Food	Supplier of Ingredients	Where and How food will be prepared and served, How kept Hot/Cold

Will all food preparation be at the concession? Yes No _____

If not, please describe: _____

FOR OFFICE USE ONLY

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
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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 _____