

# Application for Temporary Food Permit

Must be received with payment at least **Fifteen (15) Calendar Days** prior to event

**NO REFUNDS - NO TRANSFERS - NO EXCEPTIONS**



Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Vendor Email Address: \_\_\_\_\_

Vendor Mailing Address: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_

Date for permitting: \_\_\_\_\_ Requested time for permitting: \_\_\_\_\_

**\*NOTE: Food booths must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued**

Yes  No  Are you a non-profit organization? If yes, please list Federal Tax ID Number: \_\_\_\_\_  
**(Documentation of non-profit status or political affiliation must be attached)**

Yes  No  Have you sold, or do you plan to sell, food at another event anywhere in the state of North Carolina within the month of the proposed event?

\*If operating for more than two consecutive days anywhere in North Carolina within the same month of the proposed event, you may be required to obtain a permit from the local health department.

This vendor **will** require a permit  This vendor **will not** require a permit

**Environmental Health Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check the box that best describes the source of water for your food booth:

Public water supplied by organizer  On-site private well  Bottled water supplied by vendor

Please check the box that best describes the disposal method for each of the following:

<u>Garbage</u>	<u>Wastewater</u>	<u>Grease</u>
<input type="checkbox"/> Waste taken offsite	<input type="checkbox"/> Portable toilet at event	<input type="checkbox"/> Grease taken offsite
<input type="checkbox"/> Dumpster	<input type="checkbox"/> Grey water bin	<input type="checkbox"/> Event provided bin
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please check the boxes that best describe your equipment:

<u>Cold Holding</u>	<u>Hot Holding</u>	<u>Utensil Washing</u>	<u>Hand Washing</u>
<input type="checkbox"/> Refrigerated truck/trailer	<input type="checkbox"/> Tabletop holding unit	<input type="checkbox"/> 3 utility sinks	<input type="checkbox"/> Pressurized sink
<input type="checkbox"/> Mechanical refrigerator	<input type="checkbox"/> Crockpot	<input type="checkbox"/> 3 compartment sink	<input type="checkbox"/> Gravity flow set up
<input type="checkbox"/> Mechanical Freezer	<input type="checkbox"/> Grill	<input type="checkbox"/> 3 basins	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cooler/Ice chest	<input type="checkbox"/> Heat lamp	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

