

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

Temporary Event Commissary Application

This application must be completed and submitted to the Pender County Health Department (PCHD) to provide information about all food preparation and sales to the public at any public event or exhibition within Pender County. This Temporary Event Commissary application must be submitted with the corresponding Food Vendor Application no later than 15 days prior to the event. Please note:

- No food preparation shall occur prior to receiving a permit from the Pender County Health Department.
- No food preparation shall occur more than 7 days prior to the event.

Name of the Event: _____ Date of the Event: _____

Address of the Event: _____ NC
Street City State Zip

Vendor Name: _____ Vendor Phone: _____

Commissary Name: _____

Commissary Address: _____ NC
Street City State Zip

Permission to Use Commissary Granted By: _____

Commissary Contact Information: _____

Commissary Day Time Phone: _____

Commissary Email: _____

Dates of Advanced Preparation: _____

1) Source of Water for Commissary:

- Public Water
- On-Site Private Well (**Requires a water sample test by PCHD prior to event**)
- Other: _____

2) Waste Water System for Commissary: (**Check the one which applies for all vendors**)

- Public Sewage On-site Septic System

3) List of Food Items to be prepared at Commissary: _____

4) Method of Maintaining Proper Temperature during Transport to Event:

- Cooler with Ice Refrigeration Truck Hot Holding Box
- Other: _____

803 S. Walker St., Burgaw, NC 28425 (910) 259-1230 Fax (910) 259-1258

Dental Center (910) 259-1503 Environmental Health (910) 259-1233 WIC (910) 259-1290

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I certify that the information in this application is complete and accurate. I understand that any changes to my operation must be submitted to the Pender County Health Department for review and approval prior to the day of the event.

Vendor Signature: _____ Date: _____

*I agree to allow _____ to use _____
(Vendor Name) (Commissary name)

to prepare the food items, listed above. I grant access to this facility to an authorized representative from the Pender County Health Department for the purposes of issuing a TFE Commissary Permit and/or collecting water samples when necessary. I understand the preparation area for all TFE foods shall not be used for any other purposes during the operation dates listed on the TFE Commissary Permit. I certify that the information on this application is complete and accurate:

Commissary Representative Signature: _____ Date: _____

**This application must be submitted with the corresponding Food Vendor Application to:
Pender County Health Department
803 South Walker Street, Burgaw, NC 28425
Phone: (910) 259-1233**

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Dental Center (910) 259-1503 Environmental Health (910) 259-1233 WIC (910) 259-1290