

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

Temporary Food Establishment 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. **Applications must be submitted no later than 15 days prior to the event.** Please note:

- A detailed drawing of your food stand and equipment to be used.
- A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application.

NOTICE: Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued.

Name of the Event: _____ Date(s) of the Event: _____

Event Location: _____ NC
Street City State Zip

Contact for Vendor's Name: _____

Vendor's Business Name: _____

Vendor's Number: (____) _____ - _____ Vendor's Email: _____

Vendor's Address: _____
Street City State Zip

Date/Time of Food Booth Set Up & Permitting: _____

A permit will be required for your operation and a fee of \$75 must be submitted to Pender County Health Department unless you meet the exemption below: (Check the box and submit documentation if this applies to you. If this applies to you, only this first page of the application needs to be submitted with the supporting documentation.)

Operating as a non-profit organization, political fundraiser, or elderly nutrition program. Attach a copy of the exemption letter from the North Carolina Department of Revenue or the Internal Revenue Service, or a letter from the candidate or political action committee authorizing you to act in this capacity.

Tax Exemption ID Number: _____

NOTE: If you qualify as one of the above organizations but operate at more than one event per calendar month, or at a single event which exceed two consecutive days, a permit will be required from the Pender County Health Department.

Are you a Mobile Food Unit or Push Cart permitted in another county? Yes: No:

If you answered YES, please provide a copy of permit and most recent inspection report.

If this is a multi-day event, will your permitted Mobile Food Unit or Push Cart be allowed to return to your commissary at the end of each day for servicing or restocking? Yes: No:

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If you answered NO, you will be acting as a Temporary Food Establishment and will have to pay the \$75 application fee on or before the 15-day cut off.

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: _____

Temporary Food Establishment Application, continued

§ 130A-247 (13) A temporary food establishment means an establishment not otherwise exempted from this part pursuant to G.S. 130A-250 that (i) prepares or serves food, (ii) operates for a period of time not to exceed 30 days in one location, and (iii) is affiliated with and endorsed by a transitory fair, carnival, circus, festival, public exhibition, or agritourism business. For purposes of this subdivision, "agritourism" means the same as in G.S. 153A-340(b)(2a). Notwithstanding the time limit set out in this subdivision, a local health department may, upon the request of a temporary food establishment, grant a one-time, 15-day extension of the establishment's permit if the establishment continues to meet all of the requirements of its permit and applicable rules.

Will you be using the Employee Health Policy provide in this application (Form 1-B)? Yes: No:
If you answered NO, please attach a copy of your Employee Health Policy to this application.

Will vendor prepare food prior to the event? Yes: No:
If you checked YES, food will be prepared prior to the event, provide the name of the facility where food will be prepared:

Commissary/Prep Facility Name: _____

Address of Commissary: _____
Street City State Zip

Date/Time of Preparation: _____
***Please Note: Advanced preparation may require a permit by the Pender County Health Department for the commissary/preparation facility. Please provide the Pender County Health Department Event Commissary Application.**

Source of water for Food Vendors: (Check the one which applies for all vendors)

- Public water supplied by organizer (requires food grade hose) Tap water supplied by vendor
 On-site private well (requires sampling by PCHD) Bottled water supplied by vendor

Check the box that best describes the disposal method for the following:

- | | | |
|---|---|--|
| <u>Garbage:</u> | <u>Wastewater:</u> | <u>Grease:</u> |
| <input type="checkbox"/> Waste bin taken off-site | <input type="checkbox"/> Portable toilet at event | <input type="checkbox"/> Grease taken off-site |
| <input type="checkbox"/> Event Dumpster | <input type="checkbox"/> Event gray water bin | <input type="checkbox"/> Event grease receptacle |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 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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Check the box that best describes your equipment:

Cold Holding:

- Refrigeration Truck
- Commercial Refrigerator
- Freezer
- Other: _____

Hot Holding:

- Chafing dishes
- Electrical hot box
- Grill
- Other: _____

Utensil Washing:

- 3 Utility sinks
- 3-Compartment sink
- 3 Basins
- Other: _____

Hand Washing Set-up:

- Mechanical sink
- Gravity flow set-up
- Other: _____

Will ready-to-eat produce (vegetables or fruit) be prepared in your food booth? Yes: No:

Check the box which describes your food booth set up:

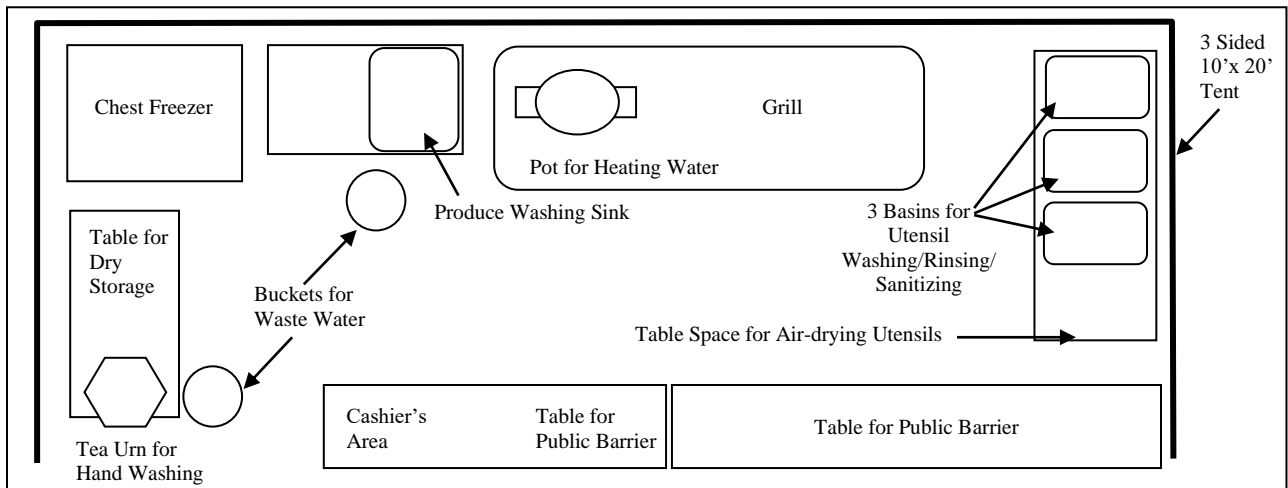
- 3-sided tent
- Tent with fans
- Mobile food unit
- Other: _____

Provide a complete list of all food/menu items in the chart below and check "Advanced Preparation" if the food/menu item will be prepared prior to the event or check "Prepared at Event" if no advance preparation is needed. Check both "Advanced Preparation" and "Prepared at Event" if food/menu item requires both types of preparation. Please include all add-on items, such as lettuce, tomato, onion, etc..

Food/Menu Items	Advanced Preparation*	Prepared at Event
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Please note: food preparation may not exceed more than 7 days prior to the event.

Find the following example of a typical food booth set-up. Please note that ALL food booths must have approved hand wash set-up and utensil washing set-up for washing, rinsing, and sanitizing equipment. Other equipment needs may vary.



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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.*
- *All potentially hazardous food (PHF) that I am serving must be maintained by approved temperatures (45°F or below for cold hold and 135°F or above for hot food) during transport, holding, and/or service.*
- *Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.*

 Applicant Signature: _____ Date: _____

Submit this application, all Food Vendor Applications, permit fee(s), and event map to:

**Pender County Health Department
803 South Walker Street, Burgaw, NC 28425**