

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

Temporary Event Organizer 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. In addition to this organizer application, a separate **Food Vendor Application** must be submitted by each food service vendor participating in the event or exhibition. This application must be submitted with a map of the event site indicating the location of all the food booths. Please note:

- This application, map, and Food Vendor Application(s) must be submitted no later than **15 days** prior to the event.
- 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: (All Food Vendors Must be set up and ready for inspection the day before the scheduled event)

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

Address of the Event: _____ NC
Street City State Zip

Event Date(s): _____

Organizer Name: _____ Organizer Phone: _____

Organizer Address: _____ NC
Street City State Zip

Additional Organizer Contacts: _____ Additional Phone: _____

Organizer Email: _____

Number of Anticipated Food Booths: _____ Date/Time of Food Booth Set Up: _____

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

- Public Water Supplied by Organizer
- On-Site Private Well (**Requires a water sample test by PCHD prior to event**)
- Water Supplied by Food Vendor (**Must be from an approved source**)
Where will water supplied by vendor come from: _____
- Other: _____

2) How will Grease and Waste Water be Disposed: (Check the one which applies for all vendors)

- Permission for all vendors to use municipal wastewater disposal
(**Permission must be submitted in writing to the PCHD**)
- Contract with an approved agency to provide wastewater storage containers and pick-up of containers.
(**Written contract agreement with agency must be submitted to the PCHD prior to the event**)

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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3) Check the following items supplied for the food booths by the organizer:


- Electricity Refrigeration Facilities Drinking Water Hose(s)
 Recycling Garbage Pick-up Grease Disposal Other: _____

4) Will the event include a petting zoo or pony rides? Yes No

If "Yes", how many hand washing facilities will be available? _____

**See Attached Temporary Event Organizer Checklist for additional Requirements.

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.

 Organizer 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
Phone: (910) 259-1233**

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