Date Rec'd. _____

Fee Paid _____

Initials _____

Instructions

1. **Complete this application.**
2. **Return application pages 1-4, $75.00 fee[+], and any additional attachments at least 14 days prior to the event.**
3. **Keep page 5 and bring the items listed on the Evaluation Checklist to the event.**

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

Event Information

Event Name: _____ **Event Location:** _____

Event Coordinator: _____ **Event Coordinator Phone:** _____

Date(s) of Event: _____ **Booth/Vendor Operation Hours:** _____

Vendor Information

Organization/Business Name: _____ **Contact Person:** _____

Address: _____ **City State Zip:** _____

Phone: _____ **Email:** _____

Names of Employees / Volunteer Workers: _____

_____

Food Service Information

- **Will all foods be prepared at the site?** ☐ **Yes: Complete Attachment 1** ☐ **No: Complete Attachment 1 & 2**
- **Describe how frozen, cold, and hot foods will be transported to the event:** _____

_____

- **Describe how hot and cold food temperatures will be maintained throughout the event:** _____

_____

- **Describe the source of the water you will use at the event:** _____

☐ **Potable Water Holding Tanks***
Total Gallons: _____

☐ **Connect on-site to public water supply using approved food grade/potable water hose****

* Prior to the event, all water holding tanks are to be emptied, washed, rinsed and sanitized, prior to filling with water on-site. You must have a day's worth of potable water present at the time the permit is issued. You may only bring water to the event if you are a permitted mobile food unit and water is obtained from your base supply. All other vendors must obtain water from the approved supply available at the event or purchase sealed, bottled water from a plant inspected by the NCDA or, if the plant is in another state, that state's appropriate agency.

** Connection to approved sewage disposal system required.

[+] All Fees Are Subject To Change At Any Time

In the following space provide a drawing of your food service area. Identify and describe all equipment including cooking, hot holding and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, single service article storage, garbage containers and customer service areas.

- **Are you preparing and selling non-potentially hazardous foods ONLY? (for example, funnel cakes, cotton candy, candy apples, popcorn and hand-dipped ice cream) ☐ No ☐ Yes**
- **Are you operating from a mobile food unit with a valid permit from a local health department located in North Carolina? ☐ No ☐ Yes – Which County? _____**
  (must return daily to commissary to obtain waiver of TFE permit and fee)
- **Will you receive a permit from the Department of Agriculture for this event? ☐ No ☐ Yes**
- **Is your organization incorporated as a non-profit corporation in accordance with Chapter 55 of the General Statutes, exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or a political committee as defined in G.S. 163-278.6(14)? ☐ No ☐ Yes – ATTACH supporting information**

IF YES IS ANSWERED FOR ANY QUESTION, THE FEE MAY BE WAIVED. Some vendors may be exempt from obtaining a TFE permit, but are still requested to complete this application. Additional information may be required before the waiver can be determined.

(Non-profit vendors may prepare/sell food for up to two consecutive days per month to receive the waiver of TFE permit and fee)

NOTE THAT THIS APPLICATION AND APPROPRIATE FEES MUST BE RECEIVED IN THE OFFICE PRIOR TO THE EVENT, THEY CANNOT BE COLLECTED AT THE EVENT.

Location & date of event where you last prepared/sold food: _____

Next planned location or event to prepare/sell food: _____

I hereby certify that the information in this application is correct. I fully understand that any deviation from the information submitted without prior approval from the local health department may nullify final approval.

Applicants Signature: _____Date: _____

ATTACHMENT 1: Temporary Food Establishment Food Preparation Chart
(All food vendors must complete this chart)

Food Item	**Source**	**Thaw** How? Where?	**Cut/Wash Assemble** Where?	**Cold Holding** How? Where?	**Cook** How? Where?	**Hot Holding** How? Where?	**Re-heating** How?	**Commercial Pre-portioned Package?**

*** * Return this with your application * ***

ATTACHMENT 2: Temporary Food Establishment Off-Site Food Preparation Chart

Complete this attachment if <u>any</u> food preparation (thawing, seasoning, marinating, etc.) will be done off-site prior to the event.

Facility Information

Will the food preparation be done in a restaurant or other facility inspected by a health department?

☐ **Yes** ☐ **No**

- **<u>If Yes:</u>**
- **Name of establishment where food will be prepared:** _____
- **Address of establishment where food will be prepared:** _____

_____

- **County where facility permitted:** _____

- **<u>If No:</u>**
- **Name of establishment where food will be prepared:** _____
- **Address of establishment where food will be prepared:** _____

_____

County where facility located: _____

Food Preparation Information

In the following space list all food items which will be prepared off-site, how foods will be prepared, where foods will be stored and how foods will be transported to the event.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

* * Return this with your application * *

TEMPORARY FOOD ESTABLISHMENT
EVALUATION CHECKLIST

Name of Booth: _____ Date: _____

_____ **Food service areas constructed/arranged to prevent exposure to dust, insects and other contamination**

_____ **All unwrapped or unenclosed food on display protected from the public by glass or similar shield**

_____ **Protection against flies/insects provided by screening or effective use of fans**

_____ **Equipment and utensils cleaned routinely and maintained in a sanitary manner**

_____ **Running water under pressure provided**

_____ **Running water from an approved source of safe, sanitary quality**

_____ **Provisions available to heat water for washing utensils and equipment**

_____ **At least a single vat sink large enough to wash utensils with drainboard or counter space**

_____ **Hot foods held at 135˚F or above**

_____ **Cold foods held at 45˚F or below**

_____ **Accurate 0˚F - 220˚F metal-stemmed food thermometer available**

_____ **Foods from approved source and identified**

_____ **No serving of cream filled pastries/pies or salads such as potato, ham, chicken, etc.**

_____ **No serving of potentially hazardous beverages such as milkshakes, raw apple juice, and drinks/smoothies made from raw fruits/vegetables resulting in a pH over 4.6**

_____ **Hamburgers/chicken obtained in ready-to-cook form**

_____ **Food, utensils, paper goods stored to prevent contamination**

_____ **Garbage stored in water-tight container with tight-fitting lid or other approved method**

_____ **Garbage removed at least daily and disposed of properly**

_____ **Immediate premises kept clean by TFE operator**

_____ **Handwashing facilities provided and equipped with soap and paper towels**

_____ **Sanitizing solution/test strips provided**

_____ **Restroom facilities provided for employees**

_____ **Approved sewage disposal**

* * Keep this checklist at your temporary food establishment * *

All items on this checklist are required to receive a permit from the local health department to prepare and sell food at this event. Please contact the Craven County Health Department, Division of Environmental Health, Food and Lodging Section if you have any questions (252) 636-4936.