Craven County Health Department

Temporary Food Event Organizer Application

This application must be completed and submitted to the Craven County Health Department (CCHD) to provide information about all food preparation and sales to the public at any public event or exhibition within Craven 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 of 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.

1) Name of Event: _____ Date of Event(s): _____
2) Address of Event: _____
   Street City State Zip Code
3) Organizer Name: _____ Organizer Phone #: _____
4) Organizer Address:_____
   Street City State Zip Code
5) Additional Organizer Contacts: _____ Additional Phone #:_____
6) Organizer Email:_____
7) Number of Anticipated Food Booths _____ 8) Date/Time of Food Booth Set Up:_____
9) Source of Water for Food Booths (check the box which applies for all food vendors):
   - ☐ Public Water Supplied by Organizer
   - ☐ On-site Private Well (requires testing by CCHD)
   - ☐ Water Supplied by Food Vendor
   - ☐ Other: _____
10) Check the following items supplied for the food booths by the organizer:
    - ☐ Electricity
    - ☐ Refrigeration
    - ☐ Toilet Facilities
    - ☐ Drinking Water Hose(s)
    - ☐ Recycling
    - ☐ Garbage Pick-up
    - ☐ Grease Disposal
    - ☐ Waste Water Disposal
11) Will the event include a petting zoo or pony rides?
    - ☐ Yes* If "yes", how many hand washing facilities will be available? _____
    - ☐ No

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

Organizer Signature: _____ Date: _____

Submit this application & event map to:
Craven County Health Department, Attention: Environmental Health - TFE Permitting
PO Drawer 12610 New Bern, NC 28561 or at the email / web site below.

Office Use Only
Reviewer: Signature: _____ Date: _____