Temporary Food Establishment Permit Application

Event Information

Event Name: ________________________________________________

Event Coordinator: __________________________________________

Set-up Date and Time: _________________________________________

Event Dates: ___/___/___  Time: _____  Ending: ___/___/___  Time: ______

Vendor Information

Organizational/business Name: __________________________________

Contact Person: _______________  Phone: _______________  Cell: __________

Address: _____________________________________________________

City: _______________  State: ___________  Zip: ______

Menu: _______________________________________________________

Food Sources (i.e. Supermarket or Food Distributor: ____________________

*Note: If non-profit, tax exempt or political fund-raising group, then attach documentation for exemption consideration.

*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED

Applicants Signature: ___________________________  Date: _____________

Specialist’s Signature: ___________________________  Date: _____________

FOR ENVIRONMENTAL HEALTH SECTION USE

_____ Permit is Required

_____ Permit is not Required – Exempt under GS 13A-250(7) or food items not regulated under 15A NCAC 18A.2600

!  Note: Temporary Food Establishment Permit Fee needs to be submitted with Application. ($75.00 per permit)

!  Note: Application must be submitted at a minimum two weeks prior to event. ($75.00 per permit)

EDGECOMBE COUNTY

Rocky Mount Office • Edgecombe Dental Office • Environmental Health
252-985-4100          252-641-1331          252-641-7573
TEMPORARY FOODSTAND EVALUATION CHECKLIST

_____ Hair Restraints (Baseball hat, hairnet, or visor)
_____ Food covered and protected (barrier to shield food from the public)
_____ Refrigeration: 41° F or less with accurate air thermometer.
_____ Utensils and equipment protected (clean and covered)
_____ Utensils sink with drain boards or counter space large enough to accommodate largest (i.e. pots, skewers, racks, spoons, etc.)
_____ Clean location and equipment
_____ *Metal stem-type thermometer accurate to ±2° F (0-220° F)
_____ *Properly mixed sanitizer (50 to 100 ppm chlorine) in a labeled spray bottle for the use of all clean food-contact surfaces
_____ *Sanitizer test strips
_____ Approved employee hand-washing facilities/hand soap/paper towels
_____ Ability to heat water
_____ Approved food grade hose for potable water connections
_____ Potable running water under pressure
_____ Effective measures taken for fly control (i.e. fans, screens)
_____ Tight fitting lids on garbage cans, approved garbage disposal methods
_____ Sewer connection leading to proper location (not a storm drain) or proper holding tank and contract with a licensed septage hauler
_____ Ice scoops and separate container for ice used with drinks
_____ Food stored off the floor (potatoes, onions, etc. must be stored on a pallet or by other approved means

Note: The vendor has the responsibility of verifying with the organizer or sponsors the availability of water and electrical hookups as well as wastewater disposal at each site for food vendors. A food grade hose is required for all drinking water connections. No disposing of grease and wastewater in the storm drains. Grease receptacles maybe provided at central sites.

All foods must be obtained from approved sources. Any foods requiring preparation prior to the event will not be allowed. DO NOT PREP FOOD BEFORE RECEIVING A PERMIT; any food pre-prepped will be discarded. Foods such as cream filled pastries and pies or salads such as ham, potato, chicken and crab cannot be served in a temporary food establishment.

Representatives of the Edgecombe County Health Department will be available for any event if given enough notice. Any questions can be directed to the Edgecombe County Health Department at (252) 641-7573.