



APPALACHIAN DISTRICT HEALTH DEPARTMENT

DISTRICT OFFICE: 126 Poplar Grove Connector, Boone, NC 28607

Telephone 828-264-4995 Fax 828-264-4997

www.apphealth.com



Health for All: Promote. Prevent. Empower.

TEMPORARY FOOD ESTABLISHMENT APPLICATION

15A NCAC 18A .2600 defines a temporary food establishment as those who sell potentially hazardous food or drink for a period of 21 days or less, in connection with a fair, carnival, circus, public exhibition or other similar gathering. This application must be submitted to the Health Dept **at least 15 days prior** to the event. **Incomplete applications will not be approved which can prevent your receiving a permit.** For more information call 828-264-4995 in Watauga County, 336-246-3356 in Ashe County, or 336-372-8813 in Alleghany County. Be sure to consult with Fire Marshal and other entities about additional requirements for your food booth.

- 1. Event: _____
- 2. Location of event: _____
- 3. Date and time booth will be set up: _____ ***No food prep prior to permit issuance***
- 4. Dates/time of operation: Begin date: _____ Begin time: _____
 End date: _____ End time: _____
- 5. Your organization/business name: _____
- 6. Applicants name: _____
- 7. Applicants address: _____

	Address	City	State	Zip
8. Applicants contact info: _____ - _____ - _____	Phone	Alternate Phone	Email	

9. **A permit will be required for your operation and a \$75 fee must be submitted to the Health Dept unless you meet one of the below qualifications.** Check one of the boxes if any apply to you.

- Operating as a nonprofit organization, political fund raiser, 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 along with the information requested above. **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 exceeds 2 days, a permit will be required from the Health Dept.*
 If you are not required to obtain a permit, it is recommended that you complete the "Work Schedule" that is attached for your records. **Please sign bottom of second page.**
- Only serving non-potentially hazardous foods such as popcorn, cotton candy, and nuts and beverages such as canned, packaged, or bottled drinks, coffee, or carbonated beverages.
 Please sign bottom of second page.

10. All food and beverage must be prepared on-site or in an approved permitted kitchen (not a domestic kitchen or at a prior TFE). Provide the name and address of the advance preparation facility, the dates and times it will be used, and the name and telephone of the person who authorized you to use facility.

Facility name: _____ Contact Person: _____
 Address: _____ Telephone: _____ - _____ - _____
 Date and time of advance preparation: _____

11. Indicate the distance and time for transporting food or beverage to the food service site.
 Distance: _____ Time: _____
12. How will food temperatures be maintained during transportation? _____
13. Describe equipment to be used at the event for:
 a.) Cold holding _____
 b.) Hot holding _____
 c.) Cooking _____
14. Will any food be cooled down or reheated? **Yes** * **No** *If yes, prior approval from Health Department required. You will be notified if cooling is approved. Describe which types of food that will be cooled, the method for cooling, and the method for reheating: _____

15. Will facility serve any raw or undercooked items (i.e. medium rare burgers, over easy eggs, etc) that require a Consumer Advisory as defined in Chapter 3-603.11 of the NC Food Code? **Yes** **No**
16. Will facility have any items that require date marking as defined in Chapter 3-501.17 of NC Food Code?
Yes **No**
17. How will facility comply with the Employee Health policy requirement as defined in Chapter 2-201 of NC Food Code?
(a sample Employee Health Policy form can be emailed to you upon request)

18. How will facility comply with the no bare hand contact of ready to eat foods requirement?
 Gloves Utensils with Handles Deli Sheets Other: _____
19. Handwashing Station: Plumbed sink Gravity flow Other _____
20. What is the source of ice that will be used? _____
21. Water source: On-site municipal supply On-site well
 Other : _____
22. Will produce be washed? **Yes** * **No** *If yes, a food prep sink shall be provided.
23. Will 3 basins be provided for washing, rinsing, and sanitizing utensils? **Yes** **No**
***Please note that wash water must be at least 110F.**
 What type of sanitizer will be used: Chlorine Quat Ammonia Other : _____
24. How will you dispose of wastewater: _____
*** Please note that all hoses and wastewater containers must be labeled.**
25. What type of barrier will be used to shield food or food contact surfaces from contamination by the public?

26. Will all areas where food is prepared or stored and utensils are washed or stored have overhead protection?
Yes **No**
27. Are all lights shatterproof or shielded? **Yes** **No**
28. What type of ground covering will be provided if there is no asphalt, concrete, or grass? _____
29. Means of garbage disposal: Dumpster Trash cans collected on-site Other : _____
30. Complete menu on following page.
31. Sketch a layout of food booth on 4th page.
32. Complete a list of equipment on 5th page.

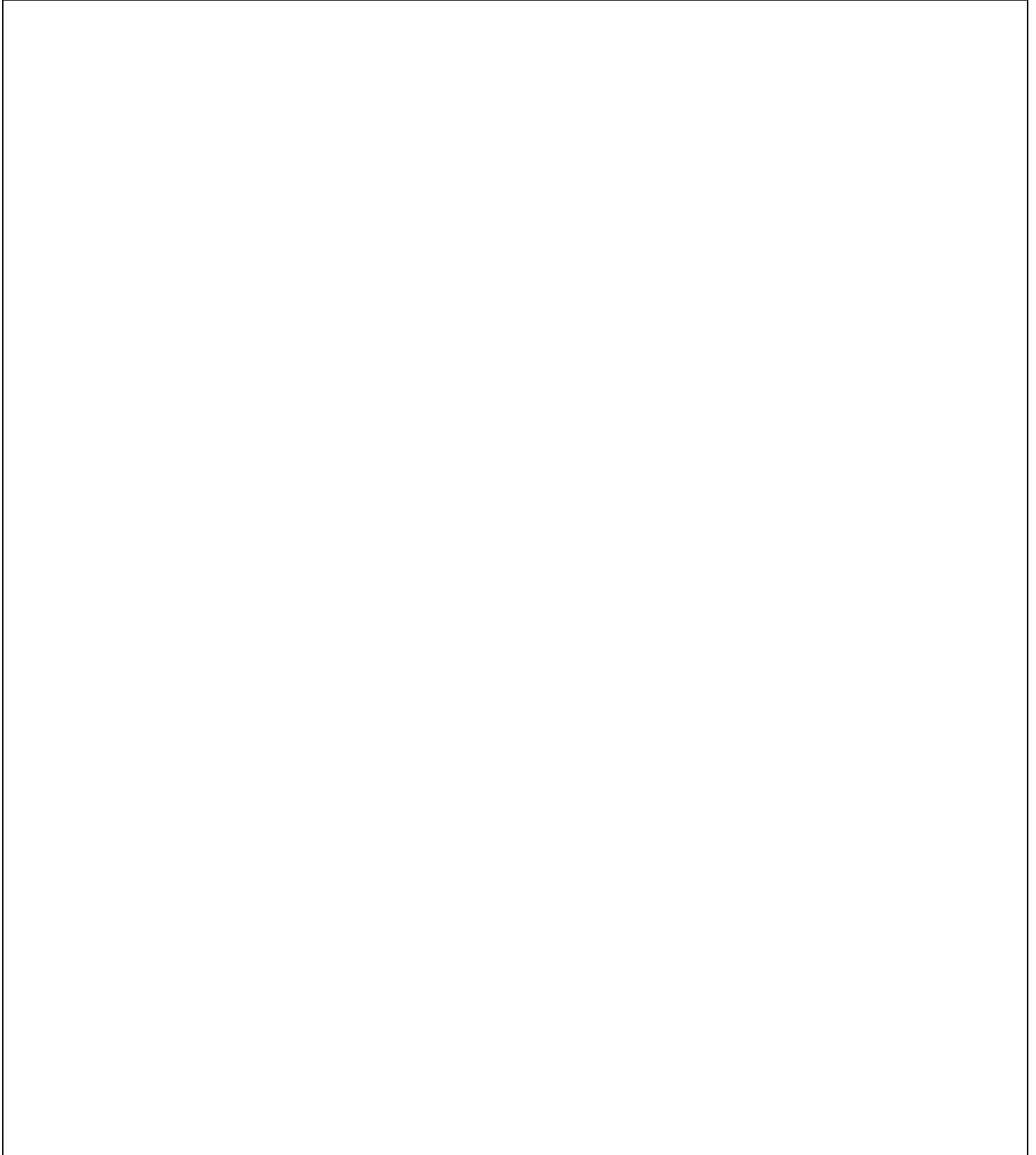
Menu Page

PLEASE LIST ALL FOOD TO BE SERVED. INCLUDE HOW YOU PLAN TO KEEP POTENTIALLY HAZARDOUS FOOD HOT (135F or greater) OR COLD (45F or less). The Health Department is to be notified of menu changes at least 48 hours in advance of the event. Food items not listed may result in a delay of issuance or denial of a permit. It is strongly recommended that only prewashed produce be purchased and used in a temporary food establishment. Please use one row for each food item and include all beverages. (If chart is not sufficient then make copy to enter additional items.) Receipts or invoices must be provided for all food purchased.

(*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED)

Food	Food Supplier Or Source	Thaw How? Where?	Cut/Wash Assemble Where?	Cook How? Where?	Cold/Hot Holding How? Where?	Reheating How?	Will this item be reheated for next day use?
(Example)							
Hamburgers	Frozen Patties from Sam's Club	No thawing	No advance prep	Cooked on grill at event.	Hold in a crock with beef broth	No reheating needed.	No Disposed of at end of day
Prepackaged condiments	Sam's Club	Not Applicable	N/A	N/A	N/A	N/A	

31. Sketch a layout of the food booth including utensil washing area, hand wash station(s), prep areas, equipment, tables, etc.



32. Complete a list of equipment include all hot holding units, cooking equipment, refrigeration/freezers, coolers, sinks, etc.

Equipment Number	Equipment Type	Brand	Model Number
1	<i>Example- Upright Storage Freezer</i>	<i>Electrolux</i>	<i>FCFS20</i>
2			
3			
4			
5			
6			
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15			
16			

Statement from Applicant: *I certify the information in this application is complete and accurate. I understand the ADHD (Appalachian District Health Department) does not provide verbal approval of plans or for deviation from approved plans, and that any deviation from the plans and procedures in this application without prior written permission from the ADHD may nullify final approval and result in my not obtaining a permit, or having the permit suspended or revoked after it is issued.*

Signature: _____ Date: _____

Please mail/fax completed application packets along with the \$75 fee to the address in the applicable county where event will be held:

**Appalachian District Health Department
Attn: Environmental Health**

Watauga County
126 Poplar Grove Connector
Boone, NC 28607
Phone: 828-264-4995
Fax: 828-264-4997

Ashe County
P.O. Box 208
Jefferson, NC 28640
Phone: 336-246-3356
Fax: 336-846-1039

Alleghany County
157 Health Services Rd
Sparta, NC 28675
Phone: 336-372-8813
Fax: 336-372-7793

THIS SECTION IS FOR USE BY APPALACHIAN DISTRICT HEALTH DEPT STAFF

Approval of these plans and specifications by the Appalachian District Health Dept does not indicate compliance with any other code, law, or regulation that may be required- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state .2600 Rules Governing Food Service Establishments.

Plan Approval By: _____ **Date:** _____

Notes:

