APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County

157 Health Services Rd P.O. Box 309 (mailing) Sparta, NC 28675 336-372-8813 (phone) 336-372-7793 (fax) **Ashe County**

316 Cherry Dr P.O. Box 208 (mailing) Jefferson, NC 28640 336-246-3356 (phone) 336-846-1039 (fax)

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Watauga County

126 Poplar Grove Connector Boone, NC 28607 828-264-4995 (phone) 828-264-4997 (fax)

Event Organizer

Each special event involving the preparation and serving of food is unique. Our goal is to help ensure that your event will be conducted in a manner that is safe for the public. It is important that the organizer, sponsor(s), coordinator(s), and food vendors contact the Health Department_prior to organizing or conducting any event involving the preparation and serving of food in order to determine what permitting and inspection requirements will be required. Please be aware that other agencies such as fire departments or local municipalities may have additional requirements that must be met. The following pages outline the Appalachian District Health Department's permitting requirements for organizers. A separate application must be submitted by the individual food vendors for each temporary food establishment operating at all festivals, fairs and other special events.

Requirements: Event Organizers are required submit an application to this department for any special event where food vendors will be present. The application shall be submitted to the Health Department at least 30 days prior to the start of the event. Organizers of events are responsible for supplying Temporary Food Service Vendor Applications to each food vendor and ensuring that these completed applications and the \$75 fee (if applicable) are submitted to the Health Department at least 15 days prior to start of the event. Although the Event Organizers must supply all information to the Health Department about the event, the majority of the permitting requirements will have to be met by the individual food vendors. It is the ultimate responsibility of the vendor to meet all applicable requirements. Please note that running water under pressure from an approved source and electricity are required. Vendors must discuss what will be needed with the event organizers. The preparation and sale of food without a permit at an event where a permit is required will not be allowed and failure to comply could lead to legal action being taken against the food vendor and/or event organizer.

Exemptions: The following events/vendors are currently exempt from Health Department regulations:

- 1. Nonprofit organizations, organizations that are exempt from federal income tax, or political committees may prepare and sell food one time per month as long as they do not exceed two consecutive days. Please provide a copy of the letter of declaration 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 conduct the event. However, if such an entity operates at your event for more than 2 days or operates at more than one event per calendar month, a permit from this Department is required.
- 2. Food vendors serving only non-potentially hazardous foods such as popcorn, cotton candy and nuts, and beverages such as packaged, canned, or bottled drinks, coffee, or carbonated beverages are not required to have a permit issued by the Health Department.

Even if an entire event or specific vendors are exempt from the rules, it is still in the best interest of the public's health and safety that all of these requirements be met. Vendors which are exempt from the permitting process are still required to complete the first page of the Temporary Food Service Vendor Application for submittal to this Department. Please feel free to contact this department with any questions you have regarding the permitting of fairs, festivals, and other special events.

Event Organizer Application

The following information must be completed in full and returned to the Appalachian District Health Department at least thirty (30) days prior to start of the event. This information will aid the Health Department in preventing potential public health problems that could arise during the event.

1. Organizer Name:				
2. Address:				
Street Number and Name			City	State Zip
3. Organizer Phone:	(8am-5	pm)	Other number:	
4. Name of event:				
5. Event location:				
6. Dates and times of event: _				
7. On-site coordinator(s) conta	act information:			
Name	Responsibility	Conta	act Numbers	Fax/E-Mail
Number of people expecte	d to attend (event total):			
Number of anticipated food	d booths:	_ 10. Ti	me of food booth s	et-up:
Note: Health Department ma	ay specify a time in whi	ch food	vendors need to	be set-up.
10. Will the organizer be supp	lying water to the food bo	ooths?	□Yes	□No
If yes, what is the source of water? ☐City/Public ☐Private \				
Note: Water must be from a	n approved source and	under p	oressure. Well wa	ter will be sampled
to ensure it is safe and sani	tary.			
11. How will water be supplied	d to food booths?			
Note: If using water hoses,	they must be food grad	de with a	ppropriate backf	low preventers.
12. Describe the liquid waste/	grease disposal method	(include	business name if s	ervice is being
contracted):				
Note: Grease and wastewat	er SHALL NOT be pour	ed out o	n the ground or in	nto storm drains.
13. Garbage disposal method	:			
14. Will the organizer be supp	lying electricity to the foc	d booths	s? ☐ Yes	□No
If yes, describe:				
15. Will the organizer be supp	lying refrigeration equipn	nent for t	he food booths?	☐ Yes ☐ No
If yes describe:				

16. Number of toilet facilities pro	ovided:	Type:						
If portable toilets are used, how often will they be serviced?								
17. Will hand washing facilities	be provided adjacent to the toil	ets?	☐ Yes	☐ No				
18. Will a petting zoo be located	d at event?		☐ Yes	☐ No				
If yes, handwashing facili	ties are required and food ve	ndors must be	e located away	from the area.				
Contact the NC Dept of Agriculture for specific requirements (919-733-7366).								
19. Sketch a map of the event grounds on the following page provided.								
20. Complete the list of all food vendors (including ones that will be exempt) that wish to operate during this event on the last page provided.								
Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Appalachian District Health Department may nullify final approval and prevent issuance of permits to participation food vendors. I understand that a pre-opening inspection of each food vendor is required. If the food vendor is not in compliance with the North Carolina Requirements for Temporary Food Establishments (15A NCAC 18A .2635), a permit will not be issued.								
Print Name	Signa	ature		Date				
Please mail/fax completed appl	ication packets to the applicable	e county where	e event will be h	eld:				
	Appalachian District Healt Attn: Environmenta							
126 Poplar Grove Connector	P.O. Box 208	40	P.O. Box 3					
Boone, NC 28607 Fax: 828-264-4997	Jefferson, NC 286 Fax: 336-846-1039	40	Sparta, NC Fax: 336-37					
(Watauga County)	(Ashe County)		(Alleghany	(County)				
Health Dept Use Only	Date Reviewed	Re	viewed by					
Comments:								

19. Sketch a map of the event grounds showing the location of each food vendor, toilet facilities, water connections, permanent structures and roads.				

20. Please list all food and beverage vendors *including* those that are exempt:

Name of Booth	Owner/ Operator	Mailing Address	Phone Numbers	General Menu