## APPALACHIAN DISTRICT HEALTH DEPARTMENT

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www.apphealth.com

## 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 <u>at least 15 days prior</u> to the event. **Incomplete applications will not be approved which can prevent your receiving a permit.** 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 b	e set up:	*No fo	ood prep prior to p	ermit issuance	
4. Dates/time of operation:	Begin date:	Beg	jin time:		
	End date:	End	I time:		
5. Your organization/busines	ss name:				
6. Applicants name:					
7. Applicants address:					
	Address	City	State	Zip	
8. Applicants contact info:		 Alternate Phone			
B. Applicants contact info: Phone		Alternate Phone		Email	
information requeste <b>Note</b> : If you qualify a  at a single event whi  If you are not require	d above. as one of the above orga ich exceeds 2 days, <b>a p</b> e	Tax Exemption ID and an interest and a committee authorizing you to a committee at Exemption ID and at a committee at more the committee at more than a commended that you complete a common of fifth page.	number: an one event per ca Health Dept.	alendar month o	
	kaged, or bottled drinks	s such as popcorn, cotton candy, , coffee, or carbonated beverage		erages	
	ame and address of the	or in an approved permitted kitch advance preparation facility, the rized you to use facility.			
Facility name:		Contact Perso	on:		
Address:			Гelephone:		
Date and time of advance	e preparation:				

Distance:	· ·
12. How will food temperatures be maintained during transpo	Time:
13. Describe equipment to be used at the event for:	Trailon:
a.) Cold holding	
b.) Hot holding	
c.) Cooking	
14. Will any food be cooled down or reheated? <b>Yes</b> *	<b>No</b> *If yes, prior approval from Health Department
_	scribe 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. med	dium rare burgers, over easy eggs, etc) that require a
Consumer Advisory as defined in Chapter 3-603.11 of the	e NC Food Code? Yes No
16. Will facility have any items that require date marking as o	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 Del	li Sheets Other:
19. Handwashing Station:   Plumbed sink  Gravity flo	ow Other
20. What is the source of ice that will be used?	
21. Water source: On-site municipal supply On-Other :	
22. Will produce be washed? Yes ** No ** ** No ** ** ** ** ** ** ** ** ** ** ** ** **	food prep sink shall be provided.
23. Will 3 basins be provided for washing, rinsing, and sanitize	zing utensils? Yes No
*Please note that wash water must be at least 110F.	
What type of sanitizer will be used: Chlorine ☐ Qu	uat Ammonia Other :
24. How will you dispose of wastewater:	
* Please note that all hoses and wastewater container	's must be labeled.
25. What type of barrier will be used to shield food or food co	ontact surfaces from contamination by the public?
26. Will all areas where food is prepared or stored and utens	sils are washed or stored have overhead protection?
Yes No	
27. Are all lights shatterproof or shielded? Yes No.	o□
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 4 <sup>th</sup> page.	
32. Complete a list of equipment on 5 <sup>th</sup> 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 Thaw Cut/Wash Cook Cold/Hot Reheating Will this							
Food	Supplier Or	How? Where?	Assemble Where?	How? Where?	Holding How?	How?	item be reheated
	Source				Where?		for next day use?
(Example)							day asc:
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
Prepackaged condiments	Sam's Club	Not Applicable	N/A	N/A	N/A	N/A	day
				1			

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

Equipment Number **Equipment Type Brand Model Number** Example- Upright Storage Freezer Electrolux FCFS20 3 4 5 6 7 8 9 10 11 12 13 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: \_\_\_ \*APPLICATIONS SUMBITTED WITHIN 15 DAYS OF THE EVENT WILL NOT BE ACCEPTED AND NO PERMIT WILL BE ISSUED.\* 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 Ashe County **Alleghany County** 126 Poplar Grove Connector P.O. Box 208 P.O. Box 309 Boone, NC 28607 Jefferson, NC 28640 Sparta, NC 28675 Phone: 828-264-4995 Phone: 336-246-3356 Phone: 336-372-8813 Fax: 828-264-4997 Fax: 336-846-1039 Fax: 336-372-7793 THIS SECTION IS FOR USE BY APPALACHIAN DISTRICT HEALTH DEPT STAFF Revised 12-2013 Approval of these plans and specifications by the Appalachian District Health Dept does not indica

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

coolers, sinks, etc.

te compliance with any other code, law, or regulation that may constitute endorsement or acceptance of the completed establishment with equipment in place and operational v	be required- federal, state, or local. It further does not lishment (structure or equipment). A pre-opening inspection
and state .2600 Rules Governing Food Service Establishments	S.
Plan Approval By:	Date:
Notes:	