

## **Craven County Health Department**

## **Temporary Food Establishment 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. Applications must be submitted no later than 15 days prior to the event.

Please note: A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Temporary Food Establishment Application. Facility Type: Booth Pushcart Mobile Food Unit (MFU) Permanent-Building 1) Name of Booth or Food\_ Service Operation\_\_\_\_\_ \_\_\_\_\_\_ Date(s) of Event:\_\_\_\_\_\_ 3) Address of Event: Street City State Zip Code \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_ 4) Applicant Name: 5) Applicant Mailing Address: \_\_\_\_\_ Street Zip Code State Applicant Email Address: \_\_\_\_\_ Please note: Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued. 7) Date for permitting: \_\_\_\_\_ 8) Time for permitting: 9) Will applicant prepare food prior to the event? Yes If you checked "yes" food will be prepared prior to the event, provide the following information: Name of Facility where food is prepared: Address of Facility where food is prepared: \_\_\_\_ Zip Code City Street State 10) As of September 1, 2012, the vendor/permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy? Yes No If you checked "no" you do not have an employee health policy, visit www.cravencountync.gov for a form. 11) Please check the box that best describes the source of water for your food booth: ☐ Public Water Supplied by Organizer ☐ Tap water supplied by applicant ☐ Bottle water supplied by applicant (requires food grade hose and backflow ☐ Other: \_\_\_\_\_ preventer) ☐ On-site Private Well (requires testing at least 15 days prior to event) 12) Check the box that best describes the disposal method for the following: Garbage: ☐ Waste can taken offsite ☐ Event grey water bin ☐ Event dumpster ☐ Can wash facility ☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_

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13) Will ready-to	o-eat produce (vegetables or fruits)	be prep	pared in your booth?	Yes (requires	a prep <b>⊴lk)</b> No		
14) Will you be using a separate vehicle for storage? $\square$ Yes $\square$ No: If yes, list contents (eg. Freezer, refrigeration, paper							
products):							
15) Check the b	ox that best describes your equipme	nt:					
Cold Holding		Hot Holding:		Utensil Washing:			
□ Ref	frigerated truck		Chafing dishes		3 Utility sinks		
☐ Cor	mmercial fridge		Electric hot box		3-compartment		
☐ Fre	eezer		Grill		3 Basins		
☐ Oth	her:		Other:		Other:		
Hand Washing Set-up:  utility sink Gravity flow set-up (see attached handout) Other: Hand Washing Set-up:  Utility sink Gravity flow set-up (see attached handout) How will the food temperatures be maintained during transportation?							
☐ Ice-chests ☐ Mechanical Refrigeration ☐ Cambrio Units/Hot holding cabinets ☐ Other							
will be prepa	omplete list of all food/menu items in ared prior to the event or check "Pre " and "Prepared at Event" if food/me	pared a	t Event" if no advance preparation	is needed. C			

Please include all add-ons items such as lettuce, tomato, onion, etc. (example: Hamburgers with cheese, lettuce, tomato, onions).

Food/Menu Items	Source of Food	Advanced Preparation	Prepared at Event
(attach list if more space is	(must provide invoice or	(include cutting, seasoning,	(include cutting, seasoning,
needed)	receipt at the event)	marinating, cooking, etc.)	marinating, cooking, etc.)
Example: <i>Hamburgers</i>	Smith's Market		

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19) Please provide a drawing of proposed set-up. Note that <u>ALL</u> food booths must have approved hand wash set-up and utensil washing set-up for washing, rinsing and sanitizing equipment. Other equipment needs may vary.

Visit www.cravencountync.gov for an example of a drawing.

I certify that the information in this application is complete and accurate. I understand that:

- Any changes to my operation must be submitted to the CCHD for review and approval 5 days prior to the day of the event.
- A compliance check may be conducted at any time of operation.
- All potentially hazardous foods (PHF) that I am serving must be maintained at approved temperature (41°F or below for cold food and 135°F or above for hot food) during transport, holding and/or service.
- Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.
- Non-compliance may result in closure of the Temporary Food Establishment.

I certify that I will comply with the requirements described by CCHD Checklist for Temporary Food Establishment Vendors.

Visit www.cravencountync.gov for the checklist.

Applicant Signature:	Date:			
Applicant Name (print):				
Culturals shall a more than a more than a more than	<del>-</del>			
Submit this application and permit for				
Craven County Health Department, Attention: Environment	_			
PO Drawer 12610 New Bern, NC 28	561			
Office Use Only				
Notes:				

Notes:		
Reviewer: Signature:	Date:	