



# **Rockingham County Department of Health and Human Services**

Environmental Health Section  
371 NC HWY 65 ~ P.O. Box 204  
Wentworth, NC 27375 – 0204  
Phone (336) 342-8180  
Fax (336) 342-8245

## **TEMPORARY FOOD ESTABLISHMENT APPLICATION**

Please print or type the information requested below and return completed application by mail or fax to Environmental Health. Each food vendor must complete the **Temporary Food Establishment Application** and submit it to Environmental Health at least 15 calendar days before the event per 15A NCAC .2664(d). For more information, please call (336)342-8180.

**1. NAME OF EVENT:** \_\_\_\_\_

Event Organizer: Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Location & Address of Event: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event: Starts on \_\_\_\_\_ (MM/DD/YY) at \_\_\_\_\_ a.m. p.m.

Ends on \_\_\_\_\_ (MM/DD/YY) at \_\_\_\_\_ a.m. p.m.

Type of Event (Circle): Festival Fair Carnival Public Exhibition Other \_\_\_\_\_

**2. NAME OF APPLICANT/BUSINESS:**

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Business: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. LAST FESTIVAL/EVENT YOU WERE PERMITTED AT:**

**a. NAME** \_\_\_\_\_

**b. LOCATION** \_\_\_\_\_

**4. ARE YOU A NONPROFIT ORGANIZATION?**

- YES → A permit will not be required for your operation if your organization has not operated as a food vendor prior to this event this month. **MUST 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.
- NO → A permit is required for your operation. **Complete the rest of the application and submit along with the \$75 permit fee.**

**5. WHAT TIME WILL YOUR BOOTH BE READY FOR INSPECTION: \_\_\_\_\_ A.M. P.M.**  
(NOTE: This is the time you plan to be ready for the Health Department Inspection. This time should be at least 1 hour prior to the start of the event.)

**No foods can be prepared and/or offered for sale or sample until the permit is issued by the Health Department. Any food prepared before a permit is issued or off site at an unapproved location will have to be discarded before a permit to operate will be issued.**

**6. ALL FOOD AND BEVERAGE MUST BE PREPARED ON-SITE, IN A PERMITTED FOOD SERVICE ESTABLISHMENT OR A PERMITTED TEMPORARY FOOD ESTABLISHMENT COMMISSARY (NOT A DOMESTIC KITCHEN).**

Will you prepare any food at an off-site location?       YES       NO

If yes, is this site a       permitted food service establishment OR  
    temporary food establishment commissary (a separate permit is required)

If using a permitted food service establishment, provide the name and address of the establishment, the dates and times it will be used, and the name and telephone number of the person who authorized you to use the establishment.

**Permitted Food Establishment Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date and Time of advance preparation:** \_\_\_\_\_

**Approval to use granted by:** \_\_\_\_\_      **Telephone:** \_\_\_\_\_

**7. INDICATE THE DISTANCE AND TIME YOU WILL TRAVEL TO THE FESTIVAL SITE**

Distance: \_\_\_\_\_      Time: \_\_\_\_\_

**8. HOW WILL THE FOOD TEMPERATURES BE MAINTAINED DURING TRANSPORTATION?**

- Ice Chests
- Mechanical Refrigeration
- Cambro Units/Hot holding cabinets
- Other \_\_\_\_\_

**9. WHAT EQUIPMENT WILL BE USED AT THE EVENT FOR:**

- a. Cold Holding:  Ice  Refrigerator/Freezer  
 Other \_\_\_\_\_
- b. Hot Holding:  Steam Table  Grill  Hot Holding Cabinet  
 Hot Plates  Crock Pot  Other \_\_\_\_\_
- c. Cooking/Reheating:  Grill  Oven  Stove  Microwave  
 Crock Pot  Hot Plates  Steam Table  Fryer  
 Other \_\_\_\_\_

- 10. WATER SOURCE:**  On-site Municipal Supply  On-site Well  
 Providing your own (water must be from an approved source)

If providing your own, what is the source of your water supply? \_\_\_\_\_

**11. ELECTRICITY (check all that apply):**

- There is access to electricity on site.  
 Using a generator on site.  
 There will be no electricity supplied on site.

**12. LIQUID WASTE / GREASE DISPOSAL METHOD:**

- There will be liquid waste containers / receptacles on site.  
 You will collect and remove your own liquid waste.

If removing your own liquid waste, where will you dispose of it? \_\_\_\_\_

**13. GARBAGE DISPOSAL METHOD:**

- There will be garbage containers / receptacles on site.  
 You will collect and remove your own garbage

**14. TOILET FACILITIES PROVIDED:**

- Public Restrooms  Portable Toilets  Other \_\_\_\_\_

**15. HANDWASHING FACILITIES:**

- Plumbed Sink  Gravity Flow  Other \_\_\_\_\_

**16. PROTECTION FROM THE PUBLIC, DUST & INSECTS (check all that apply):**

- Screens  Fans  Tent  Sneeze Guards

**17. INDICATE ALL FOODS TO BE SERVED ON THE "FOODS BEING SERVED AND METHODS OF PREPARATION" PAGE AND ATTACH TO THIS APPLICATION. ALSO, BE PREPARED TO SHOW INVOICE OR BILL OF SALE FOR ITEMS SUCH AS COLE SLAW, RIBS, ETC TO THE HEALTH INSPECTOR BEFORE RECEIVING A PERMIT.**

**18. STATEMENT FROM APPLICANT: I CERTIFY THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. I UNDERSTAND THE ROCKINGHAM COUNTY 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 ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH MAY NULLIFY FINAL APPROVAL AND RESULT IN MY NOT OBTAINING A PERMIT, OR HAVING THE PERMIT SUSPENDED OR REVOKED AFTER IT IS ISSUED.**

**Signature of Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Complete this application and mail it to arrive at the Rockingham County Division of Public Health at least 15 calendar days prior to the event date. Mail To:

Rockingham County Division of Public Health  
Environmental Health Section  
PO BOX 204  
Wentworth, NC 27375  
Phone: (336)342-8180  
Fax: (336)342-8245

**THIS SECTION IS FOR USE BY ROCKINGHAM COUNTY HEALTH DEPARTMENT STAFF**

Approval of these plans and specifications by the Rockingham County Division of Public Health 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 rules governing food service establishments.

PLANS APPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EHS COMMENTS:

DATE:

TIME:

EHS:

