



**Environmental Health Section | 118 Hamby Road Dobson, NC 27017 | 336.401.8325**

To all event organizers and food vendors at special events:

Each special event involving food is unique. Our current rules exempt some events and/or food vendors. It is in the best interest of the organizer, food vendors, and public health that you contact the Health Department, Fire Marshal, etc. prior to any event involving food to determine what will be required. See below for more information on the non-profit exemption.

***Exemption:*** *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. If you are claiming an exemption as one of these groups, 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. If you qualify for the exemption, please fill out and return the Temporary Food Establishment Food Vendor Application to the Event Organizer along with the letter of declaration. Please call the Health Department for exemption approval before submitting paperwork to the Event Organizer.*

The following pages list Health Department permitting requirements and application(s) for temporary food establishments. If an event or food vendor is exempted from the rules, we recommend these requirements be met for the health and safety of the public.

**Event organizers** must fill out the “Event Organizer” application and gather all applications and payments from the food vendors. Applications must be submitted to the Health Department at least 15 days prior to the event.

**Food vendors** must fill out and submit to the organizer the “Temporary Food Establishment Food Vendor” application, service invoice, and include a \$75.00 check or money order payable to SCHNC. **Permits will not be issued if payment is not received.** Please check with the event organizer to make sure applications have been received by the Health Department **15 days prior to the event.** It is the responsibility of the food vendor to meet all the requirements before a permit can be issued. Denial of a permit will result in no sale of food and will mean the loss of revenue and possible loss of food product.

Please be aware of any legal problems that could result from selling and/or preparing food before a permit has been issued. Selling food without a permit, if required, will result in a cease order being issued and possible legal action. Event organizers and food vendors will share responsibility if a foodborne illness occurs from food sold at the event. You may obtain a copy of the Rules Governing the Food Protection and Sanitation of Food Establishments at [http://surry.com/data/15A\\_NCAC\\_18A\\_2600\\_FINAL.pdf](http://surry.com/data/15A_NCAC_18A_2600_FINAL.pdf). You may view or print a copy of the NC Food Code at [http://surry.com/data/NC\\_Food\\_Code\\_Manual\\_2009\\_FINAL.pdf](http://surry.com/data/NC_Food_Code_Manual_2009_FINAL.pdf). Thank you in advance for your cooperation and good luck with your event!

Visit us at: [www.surry.com](http://www.surry.com)

# SURRY COUNTY HEALTH & NUTRITION CENTER

## Temporary Food Establishment (TFE) Food Vendor Application

This application must be completed and submitted to the Surry County Health Department 15 or more days prior to the event. The purpose of the application is to provide information about all food preparation and sales to the public at any public event or exhibition within Surry County.

**\*\*Please Note: A fee of \$75.00 is required for each food service permit and must be paid with the submission of each Food Vendor Application.**

1. Applicant Name: \_\_\_\_\_ Applicant Business Name: \_\_\_\_\_

2. Applicant Address: \_\_\_\_\_  
Street Number and Name/PO Box City State Zip

3. Applicant Telephone (8AM-5PM): \_\_\_\_\_ (Evening): \_\_\_\_\_ Applicant Email: \_\_\_\_\_

4. Event:  
 Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

5. Event Organizer :  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Number and Name/PO Box City

6. Last event operated:  
 Name: \_\_\_\_\_ Location (city, state): \_\_\_\_\_ Dates: \_\_\_\_\_

7. Date and Time Requested for Issuance of Permit: \_\_\_\_\_

**\*\*Please Note: Food booth must be completely set up prior to permitting & NO food prep in the food booth is permitted prior to permitting**

8. Will vendor prepare food prior to the event?

Yes  No

**\*\*If "Yes," all food must be prepared in an approved kitchen (not a home/domestic kitchen) no longer than 7 days prior to the event. Provide the name and address of the restaurant/facility in which the advanced food preparation will occur:**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
Street Number and Name City State Zip

Date/time of advanced preparation: \_\_\_\_\_

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

9. Provide a complete list of all food/menu items in the chart below. Check "Prepared in Advance" if the food/menu item will be prepared prior to the event. Check "Prepared at Event" if Foods will be prepared onsite at the event. If foods are purchased in ready to cook/eat form and need no preparation(ex. Hotdogs), do not check either box:

Food/Menu Items (Include amount of food)	Source	Prepared in Advance?	Prepared at Event?	How Cooked?
<u>Example: 5 lbs. of chicken thighs</u>	<i>Food Mart</i>	<i>No</i>	<i>Yes</i>	<i>On grill</i>

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

**\*\* The following items are NOT permitted to be prepared at any TFE: salads such as potato, chicken, ham, and crab salads, etc.**

**\*\* Please include an attachment with additional menu items, if necessary, including the same information.**

10. Check the boxes that best describe your equipment (required for every food booth)(Check all that apply):

Cold Holding:

- Refrigerated Truck       Commercial refrigeration       Cooler with Ice (requires drainage plug)
- Household Freezer       Other: \_\_\_\_\_       N/A

Hot Holding:

- Chafing Dishes       Electric hot box       Grill       Other: \_\_\_\_\_       N/A

Utensil Washing (\*\*Must also include drain board or table set up for draining equipment):

- 3-compartment sink with drain boards       3 basins (buckets, bus tubs, etc.) with lids

Hand Washing:

- ≥2 gallon gravity flow set-up (\*\*Unassisted, free flowing faucet required)       Mechanical Sink       Other: \_\_\_\_\_

11. Will produce be washed in the temporary food establishment?

- Yes       No      \*\*If Yes, a separate food preparation sink will be required.

12. Check the box that best describes the source of water for food booths:

- Public water supplied by organizer       Water supplied by food vendor: Source? \_\_\_\_\_
- On-site private well (Pre-approval from Health Department required)       Bottled Water

13. Check the box that best describes the disposal method for:

Garbage:

- Waste Cans       Event dumpster
- Carry off-site       Other: \_\_\_\_\_

Wastewater:

- Portable toilet       Grey water bin
- Carry off-site       Other: \_\_\_\_\_

Grease:

- Event grease receptacle       Carry off-site       Other: \_\_\_\_\_       N/A


14. Check the box which describes your food booth set-up:

- 3-sided tent       Tent with fans       Enclosed mobile unit       Pushcart

**\*\*Draw or attach a diagram depicting your food booth set-up. Indicate tent dimensions (if applicable), placement of hand washing station, utensil washing station, drain boards, fan placement (if applicable), cooking equipment, refrigeration, preparation areas, and all equipment and food protection barriers.**

*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 Surry County Health Department for review and approval prior to the day of the event.
- Raw meat, poultry, and fish shall be purchased in ready-to-cook portions, except that cutting and skewering can be allowed if the temporary food establishment (TFE) has sufficient preparation areas and food equipment which is to be determined by the Health Department.
- All potentially hazardous food that I am serving must be maintained at approved temperatures (41°F or below for cold food and 135°F for hot food) during transport, holding, and/or service.
- Failure to maintain approved temperatures for potentially hazardous food may result in disposal or embargo of the food.
- Potentially hazardous food that had been heated at the TFE or TFE commissary or removed from its original packaging shall not be sold or held for subsequent days or future events.

 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	
Reviewer Signature: _____	Date: _____
Comments: _____	



# SURRY COUNTY TEMPORARY FOOD ESTABLISHMENT CHECKLIST

<b>FOOD SOURCES:</b>
<input type="checkbox"/> FOOD PURCHASED FROM APPROVED SUPPLIERS
<b>FOOD PROTECTION:</b>
<input type="checkbox"/> FOOD SHIELDS OR OTHER EFFECTIVE BARRIERS INSTALLED IN A MANNER TO PROTECT FOOD AND FOOD CONTACT SURFACES FROM CONTAMINATION (DUST, DEBRIS, CUSTOMERS)
<input type="checkbox"/> POTENTIALLY HAZARDOUS FOOD MEETS TEMPERATURE DURING TRANSPORT AND STORAGE
<input type="checkbox"/> GLOVES AVAILABLE IF HANDS COME IN CONTACT WITH FOOD
<input type="checkbox"/> METAL STEM FOOD THERMOMETER AVAILABLE AND ACCURATE (APPROPRIATE THERMOMETER FOR THIN FOODS)
<input type="checkbox"/> REFRIGERATION/COOLERS AVAILABLE AND WORKING WITH ACCURATE AIR THERMOMETERS AVAILABLE
<b>PERSONNEL:</b>
<input type="checkbox"/> PERSONNEL WITH INFECTIOUS OR COMMUNICABLE DISEASES, OPEN SORES, WOUNDS RESTRICTED
<input type="checkbox"/> APPROVED HANDWASHING AREA, HANDSOAP, SINGLE-USE TOWELS AVAILABLE
<input type="checkbox"/> HAIR RESTRAINTS, CLEAN CLOTHES
<b>EQUIPMENT AND UTENSILS:</b>
<input type="checkbox"/> SANITIZERS PROPERLY MIXED, AVAILABLE, AND LABELED
<input type="checkbox"/> SANITIZER TEST STRIPS AVAILABLE
<input type="checkbox"/> FOOD CONTACT SURFACES CLEANED AND SANITIZED
<input type="checkbox"/> EQUIPMENT AND UTENSILS IN GOOD REPAIR AND COVERED
<input type="checkbox"/> COOLERS WITH DRAINAGE PORTS
<input type="checkbox"/> SINKS, BASINS WITH DRAINBOARD OR COUNTERTOP SPACE FOR UTENSIL WASHING AND AIR-DRYING
<input type="checkbox"/> FOOD PREPARATION SINK PROVIDED FOR WASHING PRODUCE -- IF NEEDED
<input type="checkbox"/> SINGLE SERVICE ITEMS (FORKS, SPOONS, KNIVES, STRAWS, ETC.) PROPERLY STORED
<input type="checkbox"/> SINGLE SERVICE CUPS IN DISPENSERS OR COVERED WITH PLASTIC SLEEVES
<input type="checkbox"/> NON-FOOD CONTACT SURFACES CLEAN AND IN GOOD REPAIR
<b>WATER SUPPLY:</b>
<input type="checkbox"/> APPROVED WATER UNDER PRESSURE; APPROVED FOOD GRADE WATER HOSE
<input type="checkbox"/> APPROVED WATER IN CLEAN CONTAINERS AND HOSES CLEAN, LABELED, NOT USED FOR ANY OTHER PURPOSE
<input type="checkbox"/> HOT WATER SOURCE AVAILABLE
<input type="checkbox"/> NO CROSS CONNECTION OR OTHER POTENTIAL SOURCE OF CONTAMINATION
<b>WASTE DISPOSAL:</b>
<input type="checkbox"/> CONTAINERS AVAILABLE FOR ALL WASTEWATER (HANDWASHING/DISHWASHING/FOOD PREP)
<input type="checkbox"/> CONTAINERS LABELED AND NOT USED FOR ANY OTHER PURPOSE
<input type="checkbox"/> APPROVED GARBAGE CONTAINERS AVAILABLE
<b>LIGHTING:</b>
<input type="checkbox"/> SHIELDED IF DIRECTLY OVER FOOD, LIGHTING AVAILABLE IF WORKING AT NIGHT
<b>PREMISES:</b>
<input type="checkbox"/> EFFECTIVE FLY, VERMIN, AND OTHER ANIMAL CONTROL (FANS/NETTING)
<input type="checkbox"/> TOXIC MATERIALS LABELED AND STORED TO PREVENT CONTAMINATION
<input type="checkbox"/> BOOTH LOCATION CLEAN, COVERED, PROPER GROUND COVERING, PUBLIC ACCESS RESTRICTED