

AppHealthCare APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County
157 Health Services Rd
P.O. Box 309 (mailing)
Sparta, NC 28675
336-372-5641 (phone)
336-372-7793 (fax)

Ashe County
626 Ashe Central School Rd
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County
126 Poplar Grove Connector
P.O. Box 307 (mailing)
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

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 30 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 **at least 15 days prior** 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 be set up: _____ ***No food prep prior to permit issuance***
4. Dates/time of operation: Begin date: _____ Begin time: _____
End date: _____ End time: _____
5. Your organization/business name: _____
6. Applicants name: _____
7. Applicants address: _____

Address	City	State	Zip
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8. Applicants contact info: _____ - _____ - _____

Phone	Alternate Phone	Email
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9. **A permit will be required for your operation and a \$75 fee must be submitted to the Health Dept unless you meet one of the below qualifications.** Check one of the boxes if any apply to you.

- Operating as a nonprofit organization, political fund raiser, or elderly nutrition program. 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.
Tax Exemption ID number: _____

Note: If you qualify as one of the above organizations but operate at more than one event per calendar month or at a single event which exceeds 2 days, **a permit will be required from the Health Dept.**

If you are not required to obtain a permit, it is recommended that you complete the "Work Schedule" that is attached for your records.
Please sign bottom of fifth page.

- Only serving non-potentially hazardous foods such as popcorn, cotton candy, and nuts and beverages such as canned, packaged, or bottled drinks, coffee, or carbonated beverages.
Please sign bottom of fifth page.

10. All food and beverage must be prepared on-site or in an approved permitted kitchen (not a domestic kitchen or at a prior TFE). Provide the name and address of the advance preparation facility, the dates and times it will be used, and the name and telephone of the person who authorized you to use facility.

Facility name: _____ Contact Person: _____
Address: _____ Telephone: _____ - _____ - _____
Date and time of advance preparation: _____

11. Indicate the distance and time for transporting food or beverage to the food service site.

Distance: _____ Time: _____

12. How will food temperatures be maintained during transportation? _____

13. Describe equipment to be used at the event for:

a.) Cold holding* _____

***As of 1/2/2019, all potentially hazardous / TCS foods shall be held at 41F or below. Permits may not be issued if temps are above 41F and disposal of food may be required.**

Coolers must have drainage ports.

b.) Hot holding _____

c.) Cooking _____

14. Will any food be cooled down or reheated? **Yes*** **No** *If yes, prior approval from Health Department required. You will be notified if cooling is approved. Describe 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. medium rare burgers, over easy eggs, etc) that require a Consumer Advisory as defined in Chapter 3-603.11 of the NC Food Code? **Yes** **No**

16. How will raw meats, poultry or seafood be purchased? Ready to cook / individual portions
 Bulk portions that must be cut or portioned on site (please describe): _____

17. Will facility have any items that require date marking as defined in Chapter 3-501.17 of NC Food Code?
Yes **No**

18. 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)

19. How will facility comply with the no bare hand contact of ready to eat foods requirement?
Gloves Utensils with Handles Deli Sheets Other: _____

20. How will food be stored off the ground? _____

21. Handwashing Station: Plumbed sink Gravity flow Other _____

22. What is the source of ice that will be used? _____

23. Water source: On-site municipal supply On-site well
Other: _____

24. Will produce be purchased unwashed? **Yes*** **No** ***If yes, a food prep sink shall be provided.**

25. Will 3 basins be provided for washing, rinsing, and sanitizing utensils? **Yes** **No**

***Please note that wash water must be at least 110F.**

What type of sanitizer will be used: Chlorine Quat Ammonia Other: _____

26. How will you dispose of wastewater: _____

*** Please note that all hoses and wastewater containers must be labeled.**

27. Will toilet facilities that are conveniently located be available for employees? **Yes** **No**

28. What type of barrier will be used to shield food or food contact surfaces from contamination by the public?

29. Will all areas where food is prepared or stored and utensils are washed or stored have overhead protection?

Yes No

30. Are all lights shatterproof or shielded? Yes No

31. What type of ground covering will be provided if there is no asphalt, concrete, or grass? _____

32. How will pests be prevented from entering establishment?

Screens Fans Walls Other : _____

33. Means of garbage disposal: Dumpster Trash cans collected on-site Other : _____

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

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35. **Menu** - PLEASE LIST ALL FOOD TO BE SERVED. INCLUDE HOW YOU PLAN TO KEEP POTENTIALLY HAZARDOUS / TCS FOOD HOT (135F or greater) OR COLD (41F 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 (Example)	Food Supplier Or Source	Thaw How? Where?	Cut/Wash Assemble Where?	Cook How? Where?	Cold/Hot Holding How? Where?	Reheating How?	Will this item be reheated for next day use?*
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 day
Prepackaged condiments	Sam's Club	Not Applicable	N/A	N/A	N/A	N/A	

Cooling and reheating of potentially hazardous / TCS foods not allowed without prior approval from this Dept.

36. Complete a list of equipment include all hot holding units, cooking equipment, refrigeration/freezers, coolers, sinks, etc.

Equipment Number	Equipment Type	Brand	Model Number
1	Example- Upright Storage Freezer	Electrolux	FCFS20
2			
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: _____

Date: _____

APPLICATIONS SUBMITTED 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**

Alleghany County
157 Health Services Rd
P.O. Box 309 (mailing)
Sparta, NC 28675
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THIS SECTION IS FOR USE BY APPALACHIAN DISTRICT HEALTH DEPT STAFF

Revised 01-2019

Approval of these plans and specifications by the Appalachian District Health Dept 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 .2600 Rules Governing Food Service Establishments.

Plan Approval By: _____ **Date:** _____

Notes:

