

# DUPLIN COUNTY

## Health Services

340 Seminary Street  
PO Box 948  
Kenansville, NC 28349



Main Office 910-296-2130  
Environmental Health 910-296-2126  
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### TEMPORARY FOOD SERVICE PERMIT APPLICATION

It is a requirement of North Carolina General Statutes 130A-248 (b) to obtain a permit to sell food at special events. For events that are eligible, the local health department issues Temporary Food Service Permits to those food vendors who comply with the rules listed in 15A NCAC 18A .2665 through .2669. To obtain a permit you must submit a completed application and payment of \$75.00 to Duplin County Health Services, Division of Environmental Health no fewer than 15 calendar days prior to commencing operation. A separate application must be submitted for each booth operator. It is highly recommended that each vendor call our office before submitting this application for assistance and information about obtaining a permit. Our telephone number is (910) 296-2126. The Environmental Specialists available to assist you are Mary Cashwell, Jessica Jones or Pamela Lindsay.

If you are non-profit, tax exempt or a political fundraising group, **do not use this form.** Complete the Duplin County Environmental Health Exempt Vendor Verification Form available at [www.duplincountync.com](http://www.duplincountync.com).

Date of Submission \_\_\_/\_\_\_/\_\_\_

#### Event Information

Event Name \_\_\_\_\_

Event Coordinator \_\_\_\_\_

Location \_\_\_\_\_

Set-Up Date and Time \_\_\_\_\_

Starting Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ Ending Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_

#### Vendor Information

Organization/Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Repeat Vender in Duplin County (check one) \_\_\_ YES \_\_\_ NO Same Event? \_\_\_ Y \_\_\_ N

**Temporary Food Establishment Guidelines**

**Statement From Applicant:** I certify the information in this application is complete and accurate. I understand that the Duplin County Health Department does not provide verbal approval of plans. Failure to comply with approved plans and procedures in this application may nullify final approval and result in denial of a permit. Deviation from approved plans and procedures once a permit has been issued may result in permit suspension or revocation.

- I. I understand that approval of these plans and specifications by this office does not constitute endorsement or acceptance of the completed establishment (structure or equipment) at the event. A preopening inspection of the establishment with equipment in place will be necessary to determine if the establishment complies with the Rules Governing the Food Protection and Sanitation of Food Establishments 15A NCAC 18A .2600, Section .2665-.2669.
- II. These rules can be accessed on the web at <http://ehs.ncpublichealth.com/faf/food/index.htm> under 'North Carolina Food Code Manual' and 'Rules'. Vendors are responsible for applying food safety parameters found in chapters 2 and 3 of the NC Food Code Manual.
- III. I have verified that the organizer of the event will provide potable water and electrical hookups and will have provisions for the removal of wastewater, garbage and grease into an approved waste facility/system. I also verify that I have reserved booth space with the event coordinator.
- IV. I understand that all foods must be obtained from approved sources and that no food may be prepared (washed, cut, mixed, marinated) prior to the issuance of a permit unless otherwise approved by this department. I understand that I will be required to discard any such foods. Food prepared at a previous event or potentially hazardous food removed from original packaging shall not be served at another event. Receipts for food items may be re requested for review by the local authority prior to the issuance of a permit.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Are all 4 required pages of this application filled out completely? \_\_\_Y\_\_\_N

**TO BE COMPLETED BY DUPLIN COUNTY ENVIRONMENTAL HEALTH**

Date Application Received: \_\_\_/\_\_\_/\_\_\_ Date Payment Received: \_\_\_/\_\_\_/\_\_\_

Plans Approved: YES NO  
Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Disapproval:  
\_\_\_\_\_  
\_\_\_\_\_

Plan Reviewed by: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_ **2**

**Food Preparation at Temporary Food Establishment**

(All categories may not apply to each menu item. Mark NA for those that do not apply.)

Menu Item (include all garnishes, side items, main dishes, desserts, ice and drinks)	How will the food be thawed?	How will produce be handled (cut, washed or assembled)?	How will the food be kept cold (<41F)?	How will the food be cooked?	How will the food be kept hot (>135F)?	How will raw meat, fish or poultry be processed or handled? (no washing)	Source Or Supplier (be specific)
<b>EXAMPLES</b> Fried Chicken Tomatoes Bloomin’ onions Beef tips French fries BBQ Pork Slaw	-NA -On ice -In refrigerator -Under cold running water	-food prep sink for washing -purchased ready to use	-on ice in a cooler -refrigerator -kept in freezer until cooked -sandwich prep unit	-deep fryer -grill with closed lid -griddle -gas cooking equip. -microwave	-crock/kettle -on grill top -steam unit -heat lamps	-purchased ready to cook in individual portions -breaded -marinated	-discount club -local grocer -meat market -distributor -vendor -restaurant

# Vendor Plan

In the following space, provide a drawing of your temporary food establishment. Identify and describe all equipment including cooking and holding equipment, handwashing facilities, work tables, utensil washing, food and single service storage (including trailers, coolers, etc.) garbage containers, and customer service areas.

Overhead booth protection is required during operation and side walls (3) during inclement weather.

A grid of 20 rows and 16 columns of small black dots, intended for drawing a vendor plan.