

Return the completed application to the Richmond County Health Department, 127 Caroline Street, Rockingham, NC 28379 (910) 997-8320 phone (910) 997-8372 fax.

INSTRUCTIONS:

1. Enter the name of the event where the TFSE (temporary food service establishment) will be operating.
2. Indicate the location of the event.
3. Indicate the dates and times the TFSE will be operating at the event.
4. Indicate the name of the business or organization that will be running the TFSE.
5. Indicate the name of the person completing the application.
6. Indicate the mailing address for the person completing the application.
7. Indicate telephone numbers of contacting the applicant between 8 AM and 5PM. Also indicate alternate means of contacting the applicant.

8. Indicate whether or not a permit will be required for the operation. In order to be exempt from permitting (indicate a "YES" answer on the application), **the vendor selling the food** must meet one of the following sets of conditions:

- Either be exempt from paying North Carolina or federal income taxes, not have operated or plan to operate a food service facility of any type anywhere in the state of North Carolina during the month the event is scheduled, and plan to operate for 2 consecutive days or less. **If you are claiming this exemption, you must submit a letter from the North Carolina Department of Revenue or the Internal Revenue Service indicating you are exempt from paying income taxes.**
- Be raising funds for a political candidate or committee as defined in NCGS 163-278.6(14) and not have operated or plan to operate a food service facility of any type anywhere in the state of North Carolina during the month the event is scheduled. **If you are claiming this exemption, you must submit a letter from the political candidate or a recognized political action committee authorizing you to raise funds for the candidate.**
- Be a nutrition program for the elderly that is administered by the Division of Aging of the North Carolina Department of Health and Human Services and prepare and serve food or drink on the premises where the program is located no more frequently than one day each month.

If one of the three exemptions applies to you, you should answer "YES" to question 8. While we recommend you continue and complete the remainder of the application, you are not required to do so. If none of the exemptions apply, you must answer "NO" to question 8 and complete the entire application.

9. **If some or all of the food will be prepared prior to the event, indicate the name and address of the facility where preparation will occur, and indicate the date(s) and time(s) food will be prepared. An inspection of the facility may be required prior to approving your application.**
10. Indicate the distance food will be transported to the site and the amount of time the trip will take.
11. Indicate how foods will be maintained at proper temperatures during transport to the event site.
12. Describe the equipment that will be used to ensure foods are maintained at 45°F or below or 140°F or above. Also indicate the equipment that will be used for cooking food and reheating of food that has been prepared prior to the event.
13. Indicate the source of water that will be used during the event. If you indicate "Other" specify the location.
14. Indicate how and where waste water will be held and disposed of during the event.
15. Indicate the type equipment that will be provided for hand washing. If you specify "Other" specify the equipment to be used. If you are using a gravity system, you should plan on providing the following:
 - 90-110°F water in a container with a spigot (recommend 3-5 gallon container)
 - A container for catching the wastewater
 - Hand soap in a pump dispenser
 - Paper towels
16. Indicate the methods of holding and disposing of garbage and trash. If you indicate "Other" specify the disposal method.
17. Indicate the type toilet facilities that will be provided for those attending the event. If you specify "Other" indicate the type facilities that will be provided.
18. **Review the application for accuracy and completeness. Sign the application after completing the following:**
 - Providing answers to questions 1 through 17
 - Indicate all foods to be served on the "Foods Being Served and Methods Of Preparation" page
 - Providing a diagram indicating how equipment will be placed at your stand on the "Equipment Lay-Out" page.

Note an example lay-out is provided for your information. You should use this only as a guide unless you will actually be setting your stand up in this manner. Your actual setup will be checked against the diagram you submit. Deviations from the approved setup provided to us may delay or prevent your receiving a permit to operate.

We recommend you maintain a list of individuals working during the event. The "Work Schedules" page can be used for this purpose. This chart will help you with planning during the event, and can be of valuable assistance in the event there is a food borne illness associated with the event.



Richmond County Health Department

TEMPORARY FOOD SERVICE APPLICATION

(Each Food Booth Operator Must Provide the Following Information)

1. Event: _____
2. Location of event: _____
3. Dates/time of operation: Begin date: _____ Begin time: _____
End date: _____ End time: _____
4. Your organization/business name: _____
5. Applicants name: _____
6. Applicants address: _____
Address City State Zip
7. Applicants telephone: _____
8 AM – 5 PM Night/Other
8. Are you claiming a permit exemption as a nonprofit organization, as a political fund raiser, or a elderly nutrition program administered by the Division of Aging of the Department of Health and Human Services? **(See instructions before answering yes to this question.)**

 YES => A permit will not be required for your operation. 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. It is recommended that, at a minimum, you complete the “Work Schedule” that is attached for your records.

 NO => A permit will be required for your operation. Continue with the application.
9. All food and beverage must be prepared on-site or in a locally approved in-state kitchen (not a domestic kitchen). Provide the facility name, and address of the advance preparation facility and dates and times it will be used. **Also provide the name and phone number of the person authorizing your use of this facility.**

Facility name: _____

Address: _____

Date and time of advance preparation: _____

Requirements for Temporary Food Establishments (.2635) can be found at:

www.deh.enr.state.nc.us/ehs/rules.htm

Complete this application and mail it to arrive at the Richmond County Health Department **at least 2 weeks prior to the event date.** Mail to:

**Richmond County Health Department
Environmental Health Section
127 Caroline Street
Rockingham, NC 28379**

Phone: (910) 997-8320

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