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\$75.00

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Directions:

The operator of each proposed Temporary Food Establishment (TFE) must submit a completed application, with fees, at least 15 days before an event involving 5 or fewer booths, and 30 days prior to an event involving more than 5 food booths. All parts of the application must be completed. After receiving the completed application, we will contact you to discuss and to set up a permitting visit. Fees are non-refundable.

- 1) TFE Name: _____
- 2) Name of Operator/Owner: _____
- 3) Mailing Address: _____
- 4) Phone: _____ Email: _____
- 5) Event Name: _____
- 6) Event Location: _____
- 7) Event Coordinator & Phone#: _____ / _____
- 8) Date(s) and Time(s) of Event: _____
- 9) Date and Time TFE will be set up and ready for permitting: _____

****Please note that vendor booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued****

It is highly encouraged and preferred that the permitting date be at least one day before the start of the event and between 8am-4pm, Mon-Fri, if at all possible.

10) Will any of the food be prepared prior to the event? ___Yes ___No

If you checked "yes", provide the name of the facility where food will be prepared:

Name of Prep Facility: _____

Address of Prep Facility: _____

Contact # for Prep Facility: _____

Describe how prepared food will be transported to the event: _____

***Please note that advanced preparation requires a permit for the Prep Facility. No food may be prepared or cooked in a private home or a non-permitted kitchen.**

11) As of September 1, 2012, the vendor/permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy? ___Yes ___No

12) Please indicate your potable water supply:

___ Onsite private well

___ Public water supplied by event

___ Bottled water

___ Other: _____

Do you have potable water storage or will you be hooked up to a continuous supply?

___ Continuous ___ Storage; Size of holding tank: ___gal

13) Please indicate your wastewater disposal method:

___ Holding tank; Size of tank: ___gal

___ Portable toilet at event

___ Other: _____

14) Please describe your disposal method for garbage: _____

15) Please list ALL foods you will be selling (use additional sheets if necessary):

*Any changes to the menu must be submitted to and approved by Hoke County Health Department at least 5 days prior to the event.

Please list the sources of your foods: (be prepared to show invoices) _____

16) **Cold Holding.** List all foods to be held cold and describe how foods will be held at 45 degrees Fahrenheit or below. Include condiments, if applicable: _____

17) **Hot Holding.** List all foods to be held hot and describe how foods will be held at 135 degrees Fahrenheit or above: _____

18) Describe how utensil washing will take place: (requires three basins, air drying space, wash/rinse/sanitize capabilities, test strips) _____

19) Describe your handwashing facilities: (must have at least 2 gallons of hot water under pressure, free flowing faucet/stopcock, soap and disposable towels, labeled wastewater catch bucket) _____

20) Describe the toilet facilities that will be available: _____

21) Check the appropriate item which describes your proposed food booth setup:
 Mobile food unit
 3-sided tent
 Tent/EZ-up with fans
 Other: _____

How will you supply power for necessary equipment such as refrigeration, lights, etc?

My own generator and/or gas supply

Electricity and/or gas supplied onsite

Other (describe: _____)

Name & Location of the last event you operated at before this one: _____

Drawing

Please provide a sketch on this page of your proposed setup. Identify all equipment including cooking, hot holding, cold holding, handwash facilities, utensil washing facilities, storage for utensils/single-service items, food storage areas, garbage containers and customer service areas. Please submit photos also if you have them.

Checklist for Temporary Food Establishment Vendors

The following is a checklist to assist a vendor in setting up a Temporary Food Establishment (TFE). All items on the checklist are necessary to obtain a permit; however, additional requirements may be applicable.

Employee requirements

- Gloves
- Limited jewelry
- Employee Health Policy
- Hair restraints

Tent/Weatherproof structure

- Canopy over entire operation
- Large bbq grills *may* be exempt from overhead protection requirement

Fly Protection

- 3 solid or screened sides or
- Fly fans

Ground Covering

- Protection from dust/mud (in the absence of asphalt, concrete or grass)

Water Supply

- Approved water supply
- Potable water hoses: labeled, disinfected
- Hot water capability

Wastewater Disposal

- Labeled buckets/containers
- Disposal in approved sewage system or port-a-johns

Utilities/Electricity

- TFE must remain connected to all necessary utilities at all times food is prepared, served or stored in the food establishment.

Utensil Washing

- * 3 Basins large enough to fit utensil
- * 3 Compartment sink for multi-use
- * Space for air drying
- * Soap, Rinse, Sanitizer
- * Test strips for sanitizer

Hand Washing

- * Minimum 2 gallons warm water
- * Water under pressure (gravity ok)
- * Free-flowing faucet/stopcock
- * Soap and disposable towels
- * Wastewater catch bucket – labeled

Approved/Secured Food

- * Approved source/invoices
- * Food storage above ground
- * Separate single-vat sink required for washing produce/potatoes

Food Temperatures

- * Accurate food probe thermometer
- * Adequate cold hold equipment
- * Adequate hot hold equipment

Food Shields/Customer Barriers

- * No food exposed to customers
- * Approved self-service condiments

Lighting (for night operations)

- * Shielded above food areas

I certify that I will comply with the requirements listed above and any other requirements as described by Hoke County Environmental Health while operating my TFE. I understand that a compliance check may be conducted at any time of operation:

Vendor signature: _____ Date: _____