

TEMPORARY FOOD ESTABLISHMENT APPLICATION

(Each operator must provide the following information)

In order to be eligible for a TFE permit, the applicant must be affiliated with and endorsed by a transitory fair, carnival, circus, festival, or public exhibition. Please provide the following information regarding the event that you will be operating as a part of.

1. Event: _____
2. Location of Event: _____
3. Dates/Time of Operation: Begin Date: _____ Begin Time: _____
End Date: _____ End Time: _____
4. Name/address/phone number of event coordinator: _____

5. Your Organization/Business Name: _____
6. Applicant's Name: _____
7. Applicant's Address: _____
8. Applicant's Telephone: () _____ Other: () _____
9. All food and beverage must be prepared on-site or in an APPROVED kitchen (not a domestic kitchen). Provide the name/address of the ADVANCE preparation facility, the dates and times it will be used, and the name/phone number of the person who authorized you to use this facility.

Facility Name: _____

Address: _____

Date & Time of ADVANCE preparation: _____

Approval to use granted by: _____ Phone: _____

10. What was the last event/date/location you operated prior to this event? _____

11. Water Source: On-Site Municipal Supply On-Site Well Other
12. Utensil Washing Facility: Plumbed Sink Gravity Flow Other
13. Handwashing Facility: Plumbed Sink Gravity Flow Other
14. How will you dispose of wastewater? _____
15. How will dispose of trash? _____
16. How will you keep cold food cold (45°F or below)? Coolers with Ice Refrigerator
17. How will you keep hot foods hot (135°F or above)? Grill/Steam Tables Heat Lamps

18. 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

19. What food items will you be serving? Where will you be getting these items from?

<u>FOOD ITEM</u>	<u>SOURCE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. PLEASE INCLUDE A PROPOSED MENU AND FOOD HANDLING PROCEDURES IF PREP WORK IS NEEDED PRIOR TO COOKING, i.e. cutting vegetables, fruit, washing meats, etc.

EQUIPMENT LAYOUT

Identify all equipment including cooking and hot/cold holding equipment, handwashing facilities, work tables, utensil washing facilities, food and single service storage, sneeze guards, and customer service areas. Please include a food equipment list. (Use separate sheet of paper if needed.)

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Burke County Environmental Health will nullify final approval and prevent issuance of a Temporary Food Establishment Permit. Approval of this application does not indicate compliance with any other code, law, or regulation that may be required.

Signature: _____
Owner/Operator or designee

Date: _____

FOOD VENDOR INFORMATION SHEET

1. If you are applying for a Temporary Food Establishment Permit, a fee of \$75.00 must accompany your completed application and may be mailed to Burke County Environmental Health at 110 North Green Street; Morganton, NC 28655. **THIS APPLICATION AND FEE MUST BE RECEIVED IN OUR OFFICE AT LEAST FIFTEEN DAYS PRIOR TO THE EVENT! NO FEES OR APPLCATIONS WILL BE ACCEPTED LESS THAN 15 DAYS PRIOR TO THE EVENT.**
2. If you plan to do any food preparation in advance of the event, you must submit complete information regarding where this will be done and who authorized you to use that facility. Please see question #9. **Our department must approve this advance preparation. If we are unable to approve this, you will not be allowed to use food items prepared in advance.**
3. You will be responsible for maintaining cold foods at 45°F or lower and hot foods at 135°F or higher. You must have a calibrated thermometer (0°-220°F) available to check food temperatures.
4. For handwashing set-up: If you choose to use “gravity flow”, you should plan on providing heated water in an insulated container with a spigot, a bucket or container to catch the wastewater, hand soap in a pump dispenser, and papertowels. A method of heating water must be provided at your site. This can be achieved by a pot on a burner, a coffee maker, etc.
5. In order to be exempt from permitting, you 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 of this event, and plan to operate for two (2) consecutive days or less. **IF YOU ARE CLAIMING THIS EXEMPTION, YOU MUST SUBMIT A LETTER FROM THE NC DEPARTMENT OF REVENUE OR THE IRS INDICATING THAT 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 RECOGNIZED POLITICAL ACTION COMMITTEE AUTHORIZING YOU TO RAISE FUNDS ON BEHALF OF THE CANDIDATE.**
 - Be a nutrition program for the elderly that is administered by the Division of Aging of the NC Dept of Health and Human Services, and prepare and serve food or drink on the premises where the program is located no more frequently that one day each month.

If you qualify for the permit exemption, please submit appropriate documentation with this application to our office. **OUR DEPARTMENT MUST VERIFY YOUR TAX-EXEMPT DOCUMENTATION. PLEASE RETURN YOUR INFORMATION 15 DAYS PRIOR TO THE EVENT. IF WE ARE UNABLE TO VERIFY YOUR INFORMATION, YOU WILL NOT BE ALLOWED TO USE THIS EXEMPTION.**