

**Alamance County
Environmental Health Section
209 N. Graham-Hopedale Road
Burlington, NC 27217
336-570-6367 FAX: 336-570-6362**

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION



All portions of this application must be completed. Submit application along with a \$75.00 fee 14 days before the event. **NO REFUNDS**

1. **RESTAURANT/ORGANIZATION:** _____ Phone: _____

Permittee (owner or organization): _____

Address of Permittee: _____

EVENT: _____ Location of Event: _____

Event Dates: _____ Hours: _____

Event Coordinator: _____ Phone: _____

BOOTH: Set-up time on first day of event: _____ Start time: _____

Person in charge of booth: _____ Phone: _____

MENU (list all food items, including perishable toppings - use additional paper if necessary):

Food Item	How Served		Made to Order		Off-Site Prep		At Event Prep		Describe Cooking Method
	Hot	Cold	Yes	No	Yes	No	Yes	No	

2. **FOOD PREPARATION: No home-prepared foods are allowed.** All food must be prepared in a facility approved by the Alamance County Health Department or the Department of Agriculture.

3. **FACILITY USED FOR FOOD PREP, STORAGE AND UTENSIL WASHING: (Do not leave blank)**

Name: _____ Phone: _____

Address: _____

Signature of person granting permission to use off-site facility / Print Name Date

*****INCOMPLETE TEMPORARY RESTAURANT PERMIT APPLICATIONS
WILL NOT BE PROCESSED*****

HANDWASHING: Handwash facilities must be set up (with free-flowing spigot) in the booth before time of food preparation. Provide warm water for handwashing. *See attached diagram.*

Describe: _____

4. **DISPOSAL OF WASTE WATER:** (i.e. water used for handwashing, washing dishware, bleach solution, cold/hot-holding) Describe: _____
(Waste water must not be disposed of on ground or in storm drain).

6. **FOOD TEMPERATURE CONTROL:**

How will you provide for proper food temperature control (below 45°F, or above 135°F) in booth?

- a. Cold-holding devices (i.e., refrigerator, ice chest, freezer)

Describe: _____

- b. Hot-holding devices (i.e., warmer, steam table, heat cabinet, burner)

Describe: _____

- c. Rapid-heating devices (i.e., stove, oven, burner, grill)

Describe: _____

7. **COUNTER CLEANING AND SANITIZING: (1 tablespoon of bleach per gallon of water and chemical test papers to monitor concentration of bleach). Provide 2 sanitizer set-ups.**

8. **BOOTH CONSTRUCTION** (Floor: recommend non-absorbent surface such as wood, concrete or plastic tarp) (Ceiling: hard or soft covered structures such as canopy or tent). (Insect control: screens or fans)

Describe: _____

9. **SANITIZER TEST STRIPS: *Must have before event*** Yes _____ No _____
PROBE THERMOMETER: (Range of 0° F-220°F) Yes _____ No _____

SUBMISSION OF APPLICATION:

This application must be returned **14 days prior** to the event with the \$75.00 fee. This enables our department to review your application ahead of time to address any possible concerns indicated on the application. All portions of the application must be completed.

For all for-profit organizations a fee of \$75.00 dollars is required to operate a temporary food establishment for a period of 15 days or less, in connection with a fair, carnival, circus, public exhibition, or other similar gathering.

Make check payable to:
Alamance County Health Department
209 N. Graham Hopedale Road.
Burlington, NC 27217
NO REFUNDS

Non-profit organizations (No more than two consecutive days a month in North Carolina)

Non-profit temporary food establishments are not charged a fee for the application process. A permission letter, on the letterhead of the non-profit organization, must be submitted with application. The Non-profit organizations are the responsible party for that event therefore approval for use of their Non-profit tax number must be verified. All proceeds must go to the benevolent organization.

Non-profit tax ID # _____ **(A photocopy of 501C3 is required)**

Inspection(s) of your temporary restaurant may occur at any time, whether or not workers are present, from the point of setting up to the point of closing down your food service operation. All temporary restaurant permits are issued for each single event for the location, operator, and dates posted on each permit. **Please call 336-570-6367 to schedule an inspection time to have your temporary food establishment permitted before the start of the event.**

*****INCOMPLETE TEMPORARY RESTAURANT PERMIT APPLICATIONS WILL NOT BE PROCESSED*****

Signature of Applicant _____ **Date** _____

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)