



CARTERET COUNTY HEALTH DEPARTMENT TEMPORARY FOOD ESTABLISHMENT APPLICATION

EVENT INFORMATION:

Event: _____ Dates: _____ to _____

Location: Address: _____ City: _____ NC

Event Organizer (Name): _____

Address: _____

Contact Information: Primary _____ Cell: _____ Fax: _____

E-mail: _____

Water Supply: Municipal ___ Private well: ___ Other: ___

Wastewater Disposal: Municipal ___ Onsite System ___ Contract _____

Solid Waste Disposal: Municipal ___ Contract _____

TEMPORARY FOOD ESTABLISHMENT (TFE) INFORMATION:

Owner/Operator: _____

Mailing Address: _____ City: _____ State _____

Contact Information: Primary: _____ Cell: _____ Fax: _____

E-mail: _____

Exempt non-profit: ___ Yes ___ No **If yes, please enter tax ID#** _____

Specific location of TFE: _____

Dates and Times of Operation: _____

Time of TFE set up: _____

Name of Shift Supervisors: _____

Name, location and date of last event _____

1. List all foods and beverages to be served and the food source or distributor:

Food

Source

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Will food be stored or prepared prior to the event? If so, please state where: _____

3. How will cold food be kept cold? (45 F or below) _____

4. How will hot food be kept hot? (140 F or above) _____

5. Describe handwashing facility: _____

6. Describe utensil washing and sanitizing set up: _____

7. Please attach a floor plan of your booth showing location and types of all equipment, including sneeze guards and storage areas or draw out below:

Non-profit organizations are exempt from permitting inspection and permit fee if the organization is incorporated as a nonprofit corporation in accordance with Chapter 55A of the General Statutes or is exempt from federal income tax under the Internal Revenue Code, as defined in G.S. 105-228.90 or is a political committee as defined in G.S. 163-278.6 and the organization will not be operating more than two (2) consecutive days in the month.

Please submit application, along with the \$75 permit fee (unless exempt), within 15 calendar days prior to the date of the event to:

***Environmental Health Division
Carteret County Health Department
3820 -A Bridges St.
Morehead City, NC 28557
Or fax to 252-222-7753.***

For more information please contact our office at 252-728-8499.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval may result in the denial of a TFE permit. I understand that I can not prepare food in the TFE until I have obtained a TFE permit.

Operator's signature: _____ Date: _____

Temporary Food Establishment Guidelines

The State of North Carolina requires that vendors selling food to the public at fairs, festivals and other similar events, unless permitted already as a pushcart/mobile food unit in accordance with 15A NCAC 18A .2600 Rule Governing the Sanitation of Food Service Establishments, be permitted as Temporary Food Establishments. A \$75 permit fee, as set by the North Carolina General Statute 130A-248, must be submitted with the application. Exemptions of the permitting requirement and the fee are extended to political fund-raisers and non-profit organizations incorporated in accordance with Chapter 55A of the General Statutes or exempt from federal income tax under the Internal Revenue Code and operate no more than two (2) consecutive days a month.

Permit applications and fees must be received no less than 15 calendar days prior to commencement of operation. Permits are required prior to any sales. To obtain a permit, the following requirements shall be met:

1. Surroundings shall be clean and sanitary. Food, utensils and equipment shall not be exposed to dust, insects and other contamination. Screens or fans shall be used to effectively repel flies.
2. Food or griddles shall be protected from public contamination by glass or proximity.
3. All equipment and utensils shall be maintained in a clean and sanitary manner.
4. Safe, sanitary running water under pressure shall be provided. Provisions shall be made for heating water for the washing of utensils and equipment. At least a single vat sink and a drain board/counter top shall be provided.
5. Facilities shall be provided for hand washing. These may consist of a two (2) gallon or larger container with an unassisted free flowing faucet such as a stop cock or spout, soap, single use towels and a wastewater receptacle.
6. Convenient and approved toilet facilities shall be provided for employees. Sewage shall be disposed of in an approved manner.
7. Potentially hazardous foods shall be refrigerated and kept at less than 45 degrees Fahrenheit. All food shall be stored, handled and displayed in a manner to prevent spoilage and contamination.
8. Garbage and refuse shall be disposed of in watertight containers with tight fitting lids and shall be disposed of at least daily. Immediate premises shall remain clean.

9. All food shall be clean, wholesome and free from adulteration. Cream filled pastries, salads such as ham, potato, chicken and crab shall not be served in a temporary food stand. Hamburgers shall be obtained from an approved source in patty form, separated by paper and ready to cook. Wrapped sandwiches shall be obtained from an approved source. Poultry shall be prepared for cooking in an approved market or plant. Drinks shall be limited to prepackaged/bottled/canned or fountain beverages.
10. Food prepared by local groups shall be prepared in an approved kitchen and records shall be maintained by such groups of the type and origin of the foods. These foods shall be maintained, stored and transported in a sanitary manner to protect from contamination.
11. No person who has a communicable disease that can be transmitted by food, or is a carrier of organisms that cause disease, or has a boil, infected wound, or an acute respiratory infection with cough and a nasal discharge, shall work in a temporary food establishment in any capacity where food or food contact surfaces can be contaminated.

COMPLETE COPIES OF THESE RULES CAN BE OBTAINED THROUGH THE HEALTH DEPARTMENT OR AT www.deh.enr.state.nc.us.ehs/rules.htm.

For question or additional information, please contact the Carteret County Health Department at (252) 728-8499.

CARTERET COUNTY CHECK LIST FOR TEMPORARY FOOD OPERATORS

- _____ **Accurate thermometers: metal probe (0-220 degrees F – range) and cooler type**
- _____ **Enough prep coolers and ice or ice packs to keep all cold food 45F or below**
- _____ **Approved food containers**
- _____ **Cutting boards**
- _____ **Plastic wrap / foil**
- _____ **Handwash station with antibacterial liquid soap and paper towels**
- _____ **Clean utensils and extra utensils: tongs, spatulas, spoons**
- _____ **Sneeze guards to protect food from customers (if needed)**
- _____ **Potable water supply (hot and cold) w/ potable water hose**
- _____ **Utensil washing containers and counter top or drain board for air drying clean utensils**
- _____ **Bleach for sanitizing**
- _____ **Test strips for checking sanitizer**
- _____ **Clean wiping cloths and storage containers**
- _____ **Aprons**
- _____ **Hair restraints**
- _____ **Shelves, crates for off the ground dry food storage**
- _____ **Tent (overhead protection)**
- _____ **Lights**
- _____ **Fans for fly control**
- _____ **Wastewater disposal**
- _____ **Grease disposal**
- _____ **Garbage containers, plastic bags**