



Buncombe County Department of Health

Temporary Food Event Vendor Application

This application **must be completed in its entirety** and submitted to the Buncombe County Department of Health to provide information about all food preparation and sales to the public at any public event or exhibition within Buncombe County. Applications must be submitted no later than **15 days** prior to the event.

****Please note: A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application.****

1) Name of Event: _____ Date of Event: _____

2) Address of Event: _____
Street City State Zip

3) Name of Vendor: _____ Vendor Phone: _____

4) Vendor Business Name: _____

5) Vendor Business Address: _____
Street City State Zip

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

6) Date for permitting: _____ 7) Time for permitting: _____

8) Applicant Email Address: _____

9) Will vendor prepare food prior to the event? Yes No

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

Name of Prep Facility: _____ Date of prep: _____ Time of Prep: _____

Address of Prep Facility: _____
Street City State Zip

Phone of Prep Facility: _____

****Please note: Advanced preparation may require a permit by Buncombe County Dept. of Health****

10) 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

11) Please check which water supply best describes the water source for your booth:
 Public water supplied by the organizer (requires food grade water hose)
 On-site private well (requires water sample by BCDH)
 Tap water supplied by the vendor
 Bottled water supplied by the vendor

12) Check the box that best describes the disposal method for the following:

<u>Garbage:</u>	<u>Waste water:</u>	<u>Grease:</u>
<input type="checkbox"/> Waste can- taken offsite	<input type="checkbox"/> Portable toilet at event	<input type="checkbox"/> Grease taken offsite
<input type="checkbox"/> Event dumpster	<input type="checkbox"/> Event gray water bin	<input type="checkbox"/> Event grease receptacle
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

13) Check the box(es) that best describes your equipment:

<u>Cold Holding:</u>	<u>Hot Holding:</u>
<input type="checkbox"/> Refrigerated truck	<input type="checkbox"/> Chafing dishes
<input type="checkbox"/> Commercial refrigerator	<input type="checkbox"/> Electric hot box
<input type="checkbox"/> Freezer	<input type="checkbox"/> Grill
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<u>Utensil Washing:</u>	<u>Hand Washing Set-up:</u>
<input type="checkbox"/> 3 Utility sinks	<input type="checkbox"/> Mechanical sink
<input type="checkbox"/> 3-compartment sink	<input type="checkbox"/> Gravity flow set-up
<input type="checkbox"/> 3 Basins	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	

14) Will ready-to-eat produce (vegetables or fruit) be prepared in your food booth? Yes No
If yes, you must have a separate prep sink.

15) Check which one best describes your food booth set up:

3-sided tent Tent with fans Mobile food unit Other: _____

****Please note that ALL food booths must have approved hand wash set-up and utensil washing set-up for washing, rinsing, and sanitizing equipment. Other equipment needs may vary.****

Provide a complete list of all food/menu items in the chart below and check “Advanced Preparation” if the food/menu item will be prepared prior to the event or check “Prepared at Event” if no advance preparation is needed. Check both “Advanced Preparation” and “Prepared at Event” if food/menu item requires both types of preparation.

Please include all add-on items such as lettuce, tomato, etc. (i.e. Hamburgers with cheese, l,t,o).

Food/Menu Items	Advanced Preparation	Prepared at Event

I certify that the information in this application is complete and accurate. I understand that:

**Any changes to my operation must be submitted to the Buncombe County Department of Health for review and approval prior to the day of event.*

**All potentially hazardous foods (PHF) that I am serving must be maintained at approved temperatures (45 F or below for cold food and 135 F or above for hot food) during transport, holding and /or service.*

**Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.*

Applicant Signature: _____ **Date:** _____

Office Use Only
Reviewer Signature: _____ Date: _____
Comments:

NAME: _____ DATE: _____

**A PERMIT WILL BE REQUIRED TO OPERATE A TEMPORARY FOOD ESTABLISHMENT AND/OR
COMMISSARY!**

PLEASE SUBMIT APPLICATION AND \$75 TO:

ENVIRONMENTAL HEALTH PROGRAM

ATTENTION: PAM ATKINS

P. O. Box 7407

ASHEVILLE, NC 28802

(828) 250-5016

***MAKE CHECK PAYABLE TO Buncombe County Department of Health**

REV 1/2013