

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT (TFE)

➤ INSTRUCTIONS

1. Complete application pages 1-7.
2. Return application pages 1-7 and \$75.00 fee to:
Harnett County Environmental Health
307 W. Cornelius Harnett Blvd.
Lillington, NC 27546
Application must be received at least 15 calendar days prior to the scheduled event.
3. Retain Employee Health Policy Form page 8. Complete form the day prior to event and make available during the permitting inspection the day of event.

➤ EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Organizer: Name _____

Mailing Address _____ City/State/Zip _____

Phone Number _____

Date(s) of Event: Starts on _____ (MM/DD/YY) at _____ a.m. p.m.

Ends on _____ (MM/DD/YY) at _____ a.m. p.m.

Type of Event (Circle): Festival Fair Carnival Public Exhibition Other _____

Last Event You Were Permitted At:
Name: _____

Location: _____

➤ VENDOR INFORMATION

Organization/Business Name: _____

Contact Person: _____

Person in Charge of Booth During Event: _____

Mailing Address: _____ City/State/Zip _____

Phone Numbers: Mobile () _____ Home () _____

Email Address: _____

What Time Will Your Booth Be Ready For Inspection: _____ A.M. P.M.
(Note: This time should be at least 1 hour prior to the start of the event.)

➤ **EXEMPTIONS**

- Are you preparing & selling non-potentially hazardous foods ONLY? No ___ Yes ___
(ex. sno-cones, ice cream, cotton candy, funnel cakes, popcorn, most baked goods)
 - If Yes, you should contact the NCDA at 919-733-7366.

- Are you a non-profit organization which has not operated as a food vendor prior to this event this month? No ___ Yes ___
 - If Yes, you must attach a copy of an exemption letter from the IRS, NC Dept. of Revenue or other acceptable supporting information.

- Are you operating as a mobile food unit with a valid permit from a local health dept. located in North Carolina? No ___ Yes ___
 - If Yes, in which county was permit issued? _____

If Yes is answered for any question, the \$75.00 fee may be waived. Additional information may be required before the waiver can be granted.

NO FOODS MAY BE PREPARED AND/OR OFFERED FOR SALE PRIOR TO RECEIVING A PERMIT FROM THE HEALTH DEPARTMENT. ANY FOOD PREPARED BEFORE A PERMIT IS ISSUED OR OFF-SITE AT AN UNAPPROVED LOCATION MUST BE DISCARDED BEFORE A PERMIT TO OPERATE WILL BE GRANTED.

➤ **FOOD SERVICE INFORMATION**

All foods and beverages must be prepared in an approved location (NOT a domestic kitchen).

1. WILL YOU PREPARE FOOD AT AN OFF-SITE LOCATION? No ___ Yes ___

If yes, please provide the following information:

Permitted Food Establishment Name: _____

Address: _____ City/State/Zip _____

Date and Time of Advance Preparation: _____

Approval To Use Facility Granted By: _____ Phone: _____

➤ **FOOD SERVICE INFORMATION CONT.**

2. WHAT WILL BE USED TO MAINTAIN FOOD TEMPERATURES DURING TRANSPORTATION?

- Ice Chests / Coolers (must have drainage ports)
- Mechanical Refrigeration
- Insulated Food Transportation Containers (ex. Cambro) / Hot Holding Cabinets
- Other _____

3. WHAT EQUIPMENT WILL BE USED AT THE EVENT FOR:

a) Preparation:

- Prep sink
- Prep table
- Slicer / Knives
- Cutting Board
- Other _____

b) Cooking / Reheating:

- Flat Top Griddle
- Crock Pot
- Fryer
- Covered Grill
- Other _____

c) Cold Holding:

- Ice Chests / Coolers With Ice
- Mechanical Refrigerator
- Mechanical Freezer
- Other _____

d) Hot Holding:

- Heat Lamp Assembly
- Crock Pot or Hot Plate
- Tabletop Holding Unit
- Griddle / Grill
- Other _____

PROPOSED MENU	SOURCE	OFF-SITE PREP?	COOKING PROCEDURES - Please Check All That Apply								List potentially hazardous foods to be served	Where was food purchased?		
			Yes / No	THAW	CUT OR WASH	COOK	COLD HOLD	HOT HOLD	COOL	REHEAT			COMMERCIAL PRE-PORTIONED PKG.	

➤ **PHYSICAL FACILITIES**

Water under pressure shall be provided as follows:

- (1) The water supply used shall be in accordance with 15A NCAC 18A .1700, 15A NCAC 18C, or 02 NCAC 09C .0703;
- (2) All potable water holding tanks, containers, and hoses used to transport or store water at the temporary food establishment shall be drained, washed, rinsed, and sanitized;
- (3) Containers and hoses used to store, haul, or convey potable water shall be approved for potable water use, shall not be used for any other purpose, and shall be protected from contamination. Potable water hoses and containers shall be labeled; and
- (4) Warm water shall be available and used for cleaning.

Water Source:

- Connect At Event to Public Water Supply Using Approved Food Grade Hose
- Providing Own Water - Source: _____

Method of Heating Water (for handwashing, utensil washing, and general cleaning):

Handwashing Facilities:

- Plumbed Sink
- Containerized (2 gallon minimum) With Unassisted Free Flowing Faucet
- Other _____

Dish Washing / Air Drying (Basins must be sufficient size to submerge, wash, rinse and sanitize utensils)

- Three Compartment Sink
- Three Container Basins
- Drainboard
- Counter / Table
- Other _____

Wastewater / Grease Disposal:

- The Event will Provide Disposal
- Will Collect And Dispose of Own Liquid Waste / Grease
 - o Method Of Disposal _____

Wastewater containers shall not be emptied into waterways, storm drains, or on the ground.

Electricity:

- Will Hook To Electricity On Site
- Will Use Generator Continuously During Event
- Will Not Need Electricity

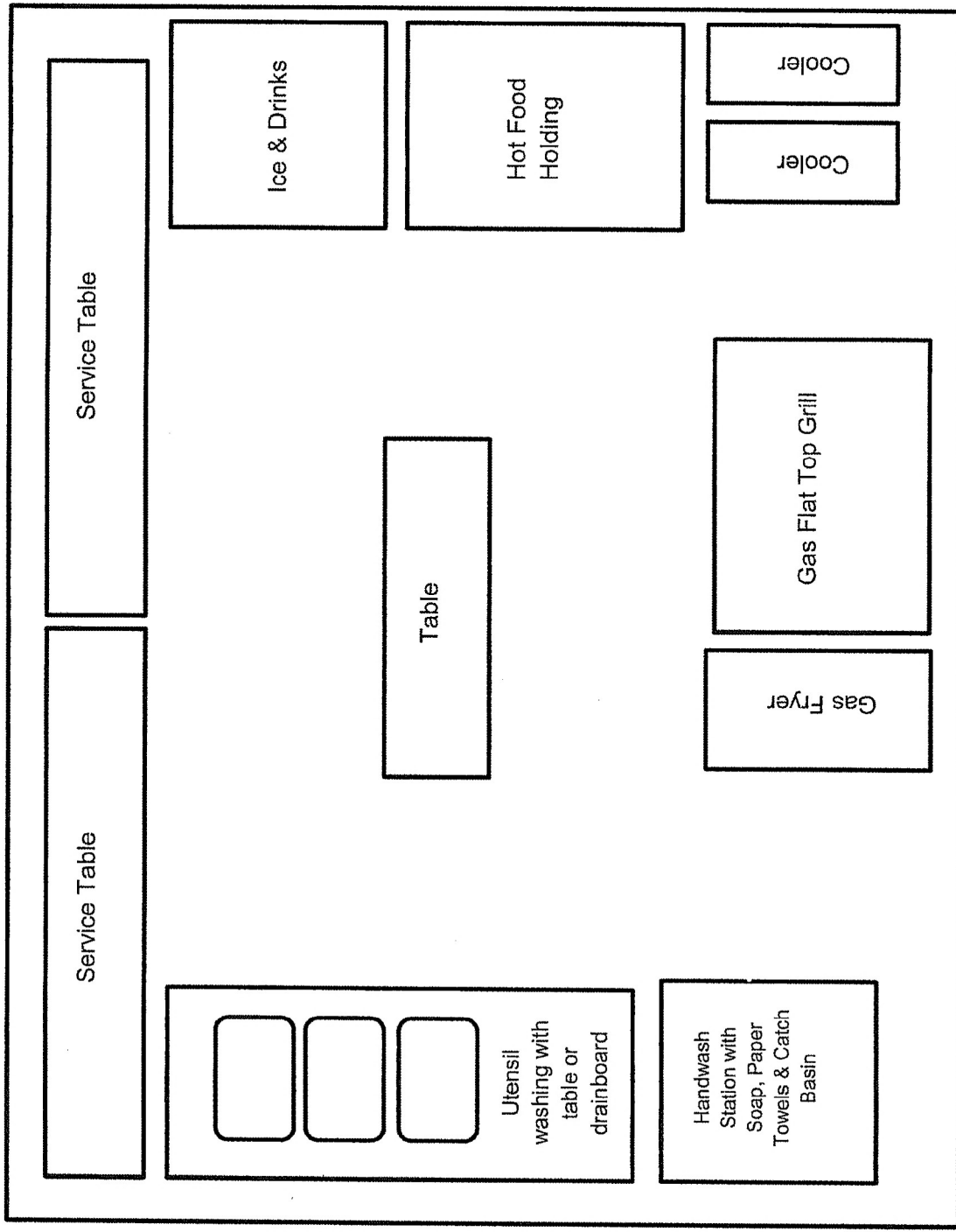
Protection From The Public, Dust And Insects:

- Fully Enclosed / Screening
- Fans
- Tent / Canopy (must fire retardant)
- Sneeze Guards / Physical Barriers

➤ **TEMPORARY FOOD ESTABLISHMENT SKETCH**

1. The arrangement of a TFE shall restrict public access to all areas of the food establishment except dining areas.
2. All food preparation shall take place in an area that is clean and protected from potential contamination.
3. Food storage shall be maintained in a secure manner above the ground which excludes the public.
4. Cooking & serving equipment shall be placed so that food is not exposed to the public or shields/barriers will be required.

EXAMPLE LAYOUT



USE THE BACK OF THIS PAGE TO DRAW THE LAYOUT OF YOUR BOOTH.

➤ STATEMENT FROM THE APPLICANT

I certify the information I have provided in this application is complete and accurate. I understand that an incomplete application may not be processed and is not guaranteed when submitted less than 15 days prior to the event.

I understand that any deviation from approved plans without prior permission from Harnett County Environmental Health may nullify final approval and may result in my not obtaining a permit to operate.

I understand that a pre-opening inspection is required and if I am not in compliance with 15A NCAC 18A .2665 (of 15A NCAC 18A .2600, *Rules Governing the Food Protection and Sanitation of Food Establishments*) a temporary food establishment permit will not be issued.

Signature of Applicant _____

Printed Name of Applicant _____

Date _____

Questions concerning this application may be directed to 910-893-7547.

This Section Is For Use By The Harnett County Health Department

Plans Approved By: _____ Date: _____

EHS Comments/Communications: _____

EMPLOYEE HEALTH POLICY FORM

In Order To Reduce The Risk OF Foodborne Disease Transmission:

You must inform all food employees (an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces) of their duty to report certain symptoms of illness, exposure to illness or diagnosis of certain illnesses. If you receive acknowledgement of exposure to or experience of any of the listed symptoms or illnesses, you must consult NC Food Code 2-201 to determine if the employee or volunteer has to be excluded from work or restricted in their duties, and when and/or under what conditions they can return to work.

Please list all food employees who will be present at event and signify they have been informed of the following:

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small)

Reporting: Diagnosed Illnesses (Manager must report to the Health Dept. when an employee has one of these illnesses)

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. Infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Reporting: Exposure of Illness

I agree to report to the manger when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, S. Typhi, Shigella spp., E. coli, or Hep. A
2. A household member with Norovirus, S. Typhi, Shigella spp., E. coli, or Hep. A
3. A household member attending or working in a setting with an outbreak of Norovirus, S. Typhi, Shigella spp., E. coli, or Hep. A

Name of Employee	Informed of Duty to Report?	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Retain This Page. Complete and Make Available to Health Inspector During Pre-Opening Inspection