Application for Temporary Food Establishment Permit

Directions:
The operator of each TFE Site must complete this application. The application must be completed and submitted to the Beaufort County Health Department at least 14 days before an event involving 5 or few booths, and 30 days prior to an event involving more than 5 food booths.

Effective August 15, 2009, all local health departments are directed to collect a $75.00 fee, as required in GS 130A-248(d), to issue a permit to Temporary Food Establishments. This fee is collected for a new permit or when the TFE is relocated.

The $75.00 fee must be paid prior to a permit being issued. The check is payable to Beaufort County Health Department. If the fee is not paid, a permit will not be issued and the TFE will not be allowed to operate.

**This fee is NON-REFUNDABLE**

In addition, using the attached Sketch Sheets, each operator must provide:

- A drawing of their temporary food establishment (Sketch Sheet 1)

Date of Submission ____________________________________________

Name of Temporary Food Establishment ________________________________________________

Name of Operator/Owner _____________________________________________________________

Mailing Address _________________________________________________________________

Telephone Number ________________________________________________________________

Name of Event _________________________________________________________________

Dates(s) and Time(s) of Event ______________________________________________________

Date and Time TFE will be set up and ready for inspection ____________________________________
List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Beaufort County Health Department at least **10 days** prior to the event.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________

Will all foods be prepared at the TFE site?

__________ Yes

__________ No  If no, where will the food be prepared or prepped prior to the event? A permit will need to be issued to be able to prep food prior to the TFE’s scheduled dates.

____________________________________________________________________________________

Describe (be specific) how frozen, cold and hot foods will be transported to the Temporary Food Establishment:

____________________________________________________________________________________

____________________________________________________________________________________

__________________________________________________________________

How will food temperatures be monitored during the event?

____________________________________________________________________________________

____________________________________________________________________________________

Identify the sources for each meat, poultry, seafood and shellfish item. Include the source of ice:

____________________________________________________________________________________

____________________________________________________________________________________

__________________________________________________________________

Describe the type and number of sneeze guards (if using a tent) provided to keep customer’s mouth and hands from the food.

____________________________________________________________________________________
Describe the number, location and set up of handwashing facilities to be used by the Temporary Establishment workers:

____________________________________________________________________________________
____________________________________________________________________________________

Describe where and how utensil washing will take place.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If portable wastewater tanks are to be used, identify the frequency of waste removal:

____________________________________________________________________________________

Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment:

____________________________________________________________________________________

Describe the floors, walls and ceilings surfaces, and lighting within the Temporary Food Establishment:

____________________________________________________________________________________
____________________________________________________________________________________

Describe how electricity will be provided to the Temporary Food Establishment:

____________________________________________________________________________________

Describe how flies will be prevented from entering the TFE:

____________________________________________________________________________________
Record the names, phone numbers, shifts to be worked during the event and the assigned duties of all Temporary Food Establishment workers (paid and volunteer).

<table>
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In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.
Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Beaufort County Health Department may nullify final approval.

Signature(s)__________________________________________________________

Date: __________________________

Approval of these plans and specifications by Beaufort County Health Department does not indicate compliance with any other code, lay or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments. Food may not be prepared or prepped prior to receiving a permit from the Beaufort County Health Department. Any food prepped or prepared prior to the permit will be disposed of.

Approved _________ Disapproved _________

EHS_________________________________________ Date ______________________