

Environmental Health Services

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Health Director

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Environmental Health Director



Application for Temporary Permit must be received with payment at
least **15 Calendar days** prior to event

15A NCAC 18A .2665 (d)

NO REFUNDS NO EXCEPTIONS

Please complete all of the following items:

Name: _____ Organization: _____

Address: _____

Daytime Phone: _____ email: _____

Name of event: _____

Dates of event: _____ Location of event: _____

Length of event: _____ Time you will be set up for inspection: _____

Note: Vendors not ready within 30 min. of this time will not receive a permit.

Proposed Menu: _____

Yes No Are you a non-profit organization? If yes, please list Federal Tax ID Number: _____
(Documentation of non-profit status or political affiliation must be attached)

Yes No Have you sold or do you plan to sell food at another event anywhere in the state of North Carolina within the month of the proposed event?

I understand that if I operate for more than two consecutive days anywhere in North Carolina within the same month of the proposed event that I may be required to obtain a permit from the local health department.

I understand that the signature of any employee of the ARHS on this document is not a permit to operate and that such signature does not in any way ensure that the ARHS will ever issue a permit for operation of the establishment.

Signed: _____ Date: _____

ARHS Signature: _____ Date: _____

____ This vendor **will** require a permit ____ This vendor **will not** require a permit

A \$75.00 fee is required for temporary permits. Please consult with your local EHS prior to submitting payment to ensure proper application is made.

FOR OFFICE USE

Date of Payment: _____

Method of Payment: O CHECK: _____ O CASH O MONEY ORDER O CHARGE