



## The Jackson County Department of Public Health

538 Scotts Creek Rd. Suite 100 • Sylva, NC 28779

Tel: 828-586-8994 • FAX: 828-586-1207

Shelley Carraway  
DIRECTOR

To all organizers, coordinators and food vendors at special events:

It is in the best interest of the organizer, sponsor, coordinator, and food vendors that you contact the Jackson County Department of Public Health, Fire Marshal, etc. prior to any event involving food to determine what will be required.

The following pages list the permitting requirements, information and applications for temporary food establishments. Read these requirements carefully. Applications (for organizers and vendors) must be submitted at least 15 calendar days prior to event. Each question must be answered or the application will be considered incomplete. It is the responsibility of the vendor to meet all requirements of the State laws governing temporary food service establishments before a permit can be issued. **Each food vendor shall submit \$75.00 by check or cash. Vendor application and permit fees received after the deadline will not be considered and will be returned to vendor.**

Please be aware of any legal problems that could result from selling food. Selling food without a permit at an event where a permit is required will result in a cease order being issued and possible legal action.

A copy of the rules governing temporary food service establishments is provided. If you would like a complete copy of rules governing foodservice establishments please visit the following websites.

<http://ehs.ncpublichealth.com> for NC rules

<http://ehsnpublichealth.com/index.htm> for NC Food Code

Thank you in advance for your cooperation and good luck with your event!

Application Submission Date: \_\_\_\_\_



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**EVENT ORGANIZER APPLICATION**

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. **A separate Temporary Food Establishment Permit Application for each vendor must be received at least 15 calendar days prior to event. All applications (coordinator and vendor) and food vendor permit fees must be received at least 15 days prior to event or application will be denied.** The event coordinator is responsible for submitting all vendor applications to the health department for review. Be sure to consult with Fire Marshal, etc. before your event. Please mail applications to above address.

Please Print

Organizer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organizer Phone: (8am-5pm) \_\_\_\_\_ Other: \_\_\_\_\_

Additional Organizer Contact: \_\_\_\_\_

Name of event: \_\_\_\_\_

Event location: \_\_\_\_\_

Dates and times of event: \_\_\_\_\_

Date/Time food vendors set-up: \_\_\_\_\_

Onsite Coordinator(s) contact information: \_\_\_\_\_

Number of anticipated food booths: \_\_\_\_\_

Will the organizer be supplying water to the food booths?  Yes  No

**Note: A food grade hose is required for all water connections.** If yes, what is the water source?  Public  Other, explain \_\_\_\_\_

Liquid waste/grease and garbage disposal method and schedules for pick-up (include business name if service is contracted): \_\_\_\_\_

Will the organizer be supplying electricity to the food booths?  Yes  No

Number of toilet facilities provided: \_\_\_\_\_ Type: \_\_\_\_\_

Will handwashing facilities be provided adjacent to the toilets? How many? \_\_\_\_\_

Please attach a map of the event grounds showing the location for each food booth, toilet facilities, water connections, etc.

Use the space below to list ALL FOOD VENDORS that will be participating

Name of Booth	Owner/Operator	Phone Number(s)

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without permission from Jackson County Environmental Health may nullify the final approval and prevent issuance of permits to participating vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635 and a temporary food establishment permit will not be issued. **I understand that if this application is incomplete it will be returned; if I do not correct and return to JCDPH at least 15 calendar days prior to event my application will not be considered.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Paula G. Carden

DIRECTOR

### Temporary Food Establishment Vendor Application

Each food vendor must submit a completed Temporary Food Establishment application to coordinator to be submitted to department **at least 15 calendar days prior to event**. Permit fee(s) shall be submitted along with application. Each question must be answered or the application will be considered incomplete. **Vendor application and permit fees received after the deadline will not be considered and will be returned to vendor.**

Application Submission Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date(s)/Time(s): \_\_\_\_\_

Proposed date/time for pre-opening inspection: \_\_\_\_\_

Booth Name/Business Name: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Owner Operator Address: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Applicants Phone: (8am-5pm) \_\_\_\_\_ Other \_\_\_\_\_

Type of Setup:  Tent  Trailer/Self Contained Unit  Other \_\_\_\_\_

Handwashing:  Plumbed Sink  Gravity Flow container w/push button/flip nozzle  
(At least 2 gallon container with unassisted free flowing faucet)

Utensil Washing:  Plumbed sink w/drainboard/counter top for air drying  Separate tubs for wash, rinse, sanitize w/drainboard/counter top for air drying

Water Source:  On-site Municipal  Sealed bottled water  Brought from a permitted establishment (attach permission letter from owner)  Other

Wastewater Disposal:  Provided by event  Return to permitted establishment  
(attach permission letter from owner)

Garbage Disposal:  Provided by event  Other \_\_\_\_\_

Will all foods/beverages be prepared at the event?  Yes  No If no, attach a letter signed by the owner of a permitted establishment listing each menu item that will be prepared by the establishment. Owner must include contact information. Domestic kitchens shall not be used.

Menu items are subject to approval and may be restricted

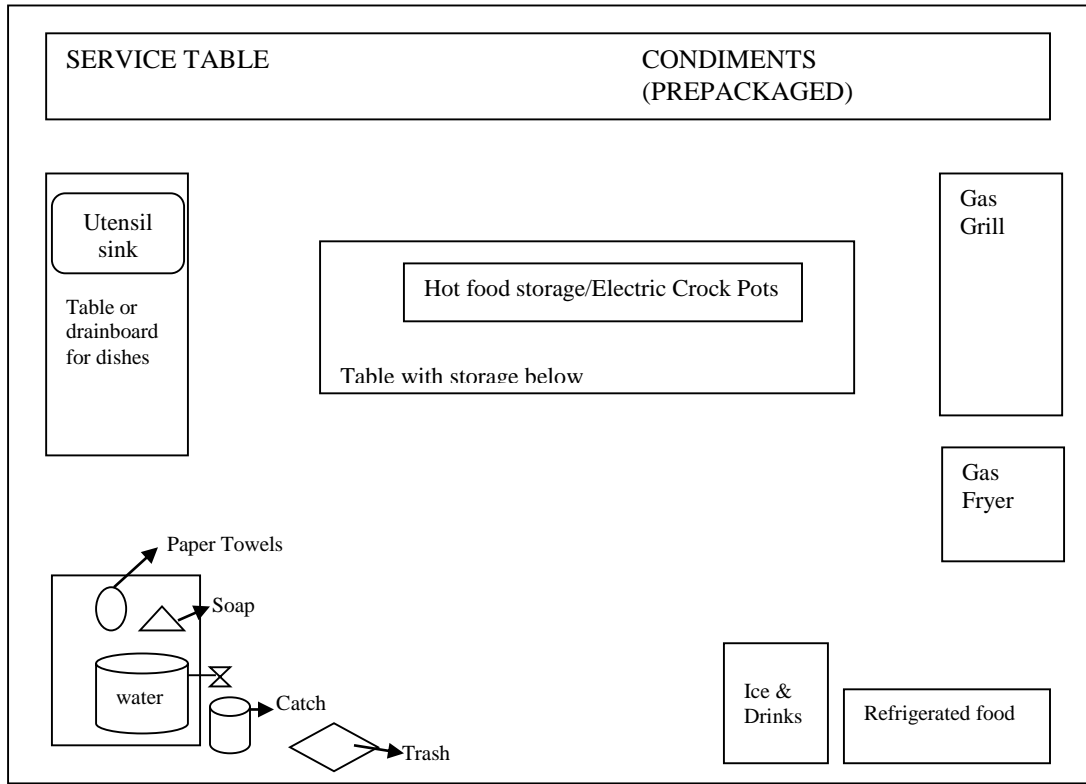
Food/Beverage	Source/Transport Method	Prep/Cooking Procedures	Hot/Cold Holding	Cooking & Holding Equipment
Ex: Hamburgers	Frozen patties from Sam's/cooler w/ice	Transfer from cooler to grill	Hold in crock pot w/broth	Gas grill w/steam table

Any foods requiring preparation prior to the event must be approved and permitted by the Jackson County Department of Public Health and event coordinator. (i.e. BBQ, dough for fry bread) Any foods prepared without permission from the department will be discarded. Food booth must be completely set up prior to permitting.

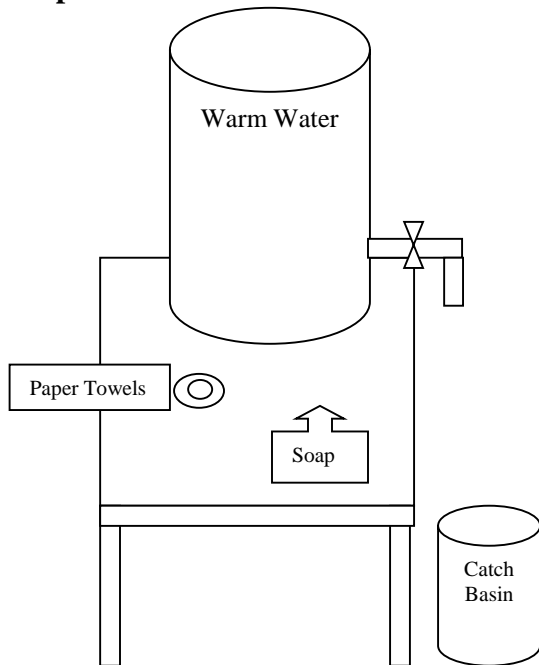
# EXAMPLE LAYOUT

10x10 Tent

Front Customer Service




## Example Hand-wash Station



**Equipment Layout Diagram:**

Please provide a layout of proposed set-up including all equipment used for cooking, hot holding, cold holding, hand-washing facilities, work tables, utensil washing facilities, etc. Application will be returned if this section if not filled out completely.



I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior consultation with Jackson County Department of Public Health may nullify final approval and prevent issuance of a temporary food establishment permit. I understand that incomplete/incorrect applications will not be processed.

Signature Owner/Operator: \_\_\_\_\_

Date: \_\_\_\_\_