**Temporary Event Organizer Application**

This application shall be completed and submitted to the Clay County Health Department to provide information about all food preparation and sales to the public at any public event or exhibition within Clay County. A Temporary Food Establishment permit is required to sell food or drink at a special event. ***The permit is issued in conjunction with a fair, carnival, circus, public exhibition or other similar gatherings.*** In addition to this organizer applications, a separate Food Vendor Application shall be submitted by each food service vendor participating in the event or exhibition. This application shall be submitted with a map of the event site indicating the location of all the food booths. **Please note:**

* This application, map, and food vendor application(s) shall be submitted not later than **15 days prior to the event.**
* A fee of $75.00 shall be required for each food service permit and shall be paid with the submission of each food vendor application. Food Vendor **Applications will not be processed until the Organizer Application is received.**
1. Name of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Event Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Organizer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organizer Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Organizer Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Additional Organizer Contacts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Organizer Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Number of Anticipated Food Booths:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Date/Time when Food Booth(s) will be ready for CCHD permitting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Source of water for food booths (check the box with applies for all food vendors:

⃝ Public Water Supplied by Organizer ⃝ Water Supplied by Food Vendor

⃝ On-site Private Well \* ⃝ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* **(requires testing by CCHD prior to event or backup water supply source)**

 11) Check the following items supplied for the food booths by the organizer:

⃝ Electricity ⃝ Refridgeration ⃝ Toilet Facilities ⃝ Drinking Water Hose(s)

⃝ Recycling ⃝ Garbage Pick-up ⃝ Grease Disposal ⃝ Waste Water Disposal

 12) Will the event include a petting zoo or pony rides? ⃝ Yes\* ⃝ No

 \* If “yes”, how many hand wash facilities will be available? \_\_\_\_\_\_\_\_\_\_

**Organizer Responsibilities:**

* Ensure vendors are set up at scheduled permitting time.
* Event Coordinator or a representative available for permitting walk through assitance with Health Department the day of the event.
* Ensure each vendors TFE permit remains secured, posted and visible to the public during event operating hours.

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| --- |
| List all participating vendors (including Mobile Food Units and Pushcarts) below, use additional pages as needed |
| **Name of Vendor Booth** | **Owner/Operator** | **Phone Number/Email** | **General Menu** |
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| List all participating non-profit vendors below |
| G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statutes or are exempt from federal income tax under the Internal Revenue Code as defined as G.S. 105-228.90 or that are political committees as defined in G.S. 163.278.6 (14) to prepare or serve food and/or drink for ***pay no more than once a month for a period of two consecutive days.*** |
| Non-profit Name | Contact Person | Phone Number/Email | Registration Number |
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**Statement:** I certify that the information in this application is complete and accurate. I understand that any changes to my operation shall be submitted to Clay County Health Department for review and approval 3 days prior to the day of the event. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15ANCAC 18A. 2635, a temporary food establishment permit will not be issued to operate.

Organizer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach a map of the event grounds showing locations for each vendor’s booth, toilet facilities, handwashing facilities etc.