



BUNCOMBE COUNTY DEPARTMENT OF HEALTH
TEMPORARY FOOD ESTABLISHMENT AND TEMPORARY FOOD
ESTABLISHMENT COMMISSARY PERMIT APPLICATION

NAME OF PERMIT HOLDER _____

NAME OF ESTABLISHMENT/BUSINESS _____

NAME OF MANAGER/PERSON IN CHARGE _____

MAILING ADDRESS OF PERMIT HOLDER _____

BILLING ADDRESS OF PERMIT HOLDER IF DIFFERENT _____

TELEPHONE NUMBER OF PERMIT HOLDER _____

FAX NUMBER OF PERMIT HOLDER _____

EMERGENCY PHONE _____

EMAIL ADDRESS OF PERMIT HOLDER _____

NAME OF EVENT OPERATED AT PRIOR TO CURRENT EVENT _____

LOCATION OF EVENT OPERATED AT PRIOR TO CURRENT EVENT _____

MAILING ADDRESS OF EVENT ORGANIZER _____

TELEPHONE NUMBER OF EVENT ORGANIZER _____

EMAIL ADDRESS OF EVENT ORGANIZER _____

EVENT NAME _____

LOCATION _____

DATES OF EVENT _____ HOURS OF OPERATION _____

PROPOSED MENU

FOOD HANDLING PROCEDURES, SUCH AS COLD STORAGE AND HOT STORAGE, INCLUDING ANTICIPATED FOOD VOLUME AND SOURCES OF WHERE FOOD WAS PURCHASED

FOOD EQUIPMENT LIST

IF ANY FOOD/DRINK WILL BE PREPARED IN ADVANCE OF EVENT, LIST NAME OF FOOD AND APPROVED/INSPECTED FOOD ESTABLISHMENT AND ADDRESS WHERE ITEM WAS PREPARED

DO YOU HAVE ACCESS TO A LOCAL, PERMITTED KITCHEN WITH A SINK LARGE ENOUGH TO WASH UTENSILS, POTS, PANS, ETC? IF SO, WHERE? _____

PROPOSED WATER SUPPLY? MUST HAVE FOOD GRADE WATER HOSE _____

PROVISIONS FOR SEWAGE AND OTHER WASTE DISPOSAL

ANY INFORMATION NECESSARY TO ENSURE COMPLIANCE _____

*****IF YOU ARE AN OUT OF STATE VENDOR, PLEASE SUBMIT APPROVAL FROM YOUR LOCAL OR STATE HEALTH AUTHORITY WITH YOUR APPLICATION.**

***** IF YOU ARE AN IN-STATE VENDOR BUT FROM ANOTHER COUNTY, PLEASE SUBMIT A COPY OF YOUR PERMIT AND LAST INSPECTION.**

*****WE HAVE THE RIGHT TO ASK FOR OTHER DOCUMENTATION IF ABOVE IS NOT SUFFICIENT.**

*****THE REGULATORY AUTHORITY MAY CONDITION THE PERMIT TO ENSURE COMPLIANCE WITH RULES .2665 THROUGH .2669 OF THIS SECTION.**

*I HAVE READ .2665 THROUGH .2669 OF THE **RULES GOVERNING THE FOOD PROTECTION AND SANITIZATION OF FOOD ESTABLISHMENTS** AND UNDERSTAND THAT I MUST SATISFY ALL THE REQUIREMENTS OF THESE RULES IN ORDER TO RECEIVE A PERMIT.*

NAME: _____ DATE: _____

**A PERMIT WILL BE REQUIRED TO OPERATE A TEMPORARY FOOD ESTABLISHMENT AND/OR
COMMISSARY!**

PLEASE SUBMIT APPLICATION AND \$75 TO:

ENVIRONMENTAL HEALTH PROGRAM

ATTENTION: PAM ATKINS

P. O. Box 7407

ASHEVILLE, NC 28802

(828) 250-5016

***MAKE CHECK PAYABLE TO Buncombe County Department of Health**

REV 1/2013