

**SAMPSON COUNTY ENVIRONMENTAL HEALTH OFFICE
405 COUNTY COMPLEX RD., SUITE 120
CLINTON, NC 28328
TELEPHONE: 910-592-4675
Fax: 910-592-2874**

APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of set-up (ex: Perry's Concession): _____

Applicant Name: _____ Phone: _____

Mailing Address: _____

Festival: _____ Set-up Location: _____

What days will you operate? _____

What hours of operation? _____

What foods will you prepare or serve? _____

Will you have screening or siding on the TFE? (circle) YES NO

If no, how will you protect against flies, insects, dust, rain and other contamination?

How will handwashing be addressed in the TFE? _____

Will you have a water hook-up? YES NO (If yes, must have a backflow preventer)

If no, how will the TFE supply running water under pressure? _____

How will cooking utensils, pots and pans be cleaned and sanitized at the TFE? _____

Size of wastewater storage container: _____

How will you dispose of wastewater from the TFE? _____

What is your means of refrigeration? _____

The TFE must be inspected prior to operation, how will you make yourself available?

If you have a mobile unit what county are you permitted in? _____

What is your mobile unit's License Plate Number? _____

***STATEMENT** : I hereby certify that the above information is correct, and I fully understand that ANY deviation from the above without prior approval from the Local Health Department may nullify the application.

Signature of applicant: _____ **Date:** _____

\$75.00 fee is required for all permitted temporary food vendors. Payment must be received prior to the event. Money will NOT be taken at the event.

Return application and fee to: Sampson County Environmental Health
405 County Complex Road, Suite 120
Clinton, NC 28328