

Edgecombe County Health Department  
PO Box 100  
Tarboro, NC 27886  
Phone: (252)641-7573 Fax: (252) 823-2077

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Event Information

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

Event Coordinator \_\_\_\_\_

Set-up Date and Time \_\_\_\_\_

Event Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_ Ending\_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_

Vendor Information

Organizational/business Name \_\_\_\_\_

Contact Person \_\_\_\_\_ (Phone) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ (Fax) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Pager) ( ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Menu: \_\_\_\_\_  
\_\_\_\_\_

Food Sources (i.e. Supermarket or Food Distributor) \_\_\_\_\_

\*Note: If non-profit, tax exempt or political fund raising group then attach documentation for exemption consideration.

**\*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED**

Applicant's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Specialist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

FOR ENVIRONMENTAL HEALTH SECTION USE

\_\_\_\_\_ Permit is Required

\_\_\_\_\_ Permit in not Required-exempt under GS 130A-250(7) or food items not regulated under 15A NCAC 18A .2600

- ❗ Note: Temporary Food Establishment Permit Fee needs to be submitted with Application.  
(\$75.00 per permit)
  
- ❗ Note: Application must be submitted at a minimum two weeks prior to event.  
(\$75.00 per permit)