

Edgecombe County Health Department
2909 Main Street
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.
(\$ 50.00 per permit)

***Note:** Application must be submitted at a minimum two weeks prior to event.
(\$ 50.00 per permit)