



New Hanover County Application for Temporary Food Establishment
New Hanover County Health Department
Environmental Health Services
230 Government Center Dr, Suite 140
Wilmington, North Carolina 28403
(910) 798-6667 FAX: (910) 798-7269

Each food vendor must submit the completed application and \$75.00 fee at least 14 days prior to the event. Vendors serving non-potentially hazardous foods such as popcorn, cotton candy, and/or free samples of food are not required to pay the \$75.00 fee.

1. Name of Event: _____

2. Location of Event: _____

3. Date of Event: _____ Time of Event: _____

4. Establishment Name: _____

5. Operator Name: _____

6. Operators Mailing Address: _____
 City _____ State _____ Zip _____

7. Operators Telephone: Home: _____ Work: _____

8. Operators Email: _____

9. Menu: List all items to be prepared and served.
 (Note: Any changes to the menu must be submitted and approved by the New Hanover County Health Department at least 7 days prior to the event)

10. Will all food be prepared at the Temporary Food Establishment booth?

() Yes → Complete Section A () NO → Complete Sections A & B

Attach a copy of the agreement with the North Carolina permitted food establishment where the food will be prepared including the dates and time of food preparation. Provide a copy of the food establishment permit. Describe how food will be safely transported to the event.

SECTION A: (Food Preparation in the booth)

List each food item and indicate with a check (✓) the preparation procedure which will be used for that item.

Food	Thaw	Cut/wash	Cook	Cool	Cold Holding	Reheat	Hot Holding

SECTION B: (Food Preparation at another permitted establishment in North Carolina) List each food item and indicate with a check (✓) the preparation procedure which will be used for that item.

Food	Thaw	Cut/wash	Cook	Cool	Cold Holding	Reheat	Hot Holding

(NOTE: If your food preparation procedures do not fit the charts, attach an additional sheet(s) to describe the procedures used.)

11. List sources of meat, poultry, seafood and shellfish:

12. List source of water: _____

13. List methods of disposing of wastewater: _____

14. List methods of storing and disposing of garbage: _____

15. Layout:

a. On the attached "SITE PLAN" page, provide a drawing of the entire event area including toilet facilities, garbage facilities, all food booths, and food preparation sites on the grounds of the event.

b. On the attached "EQUIPMENT LAYOUT" page, provide a drawing of the food booth identifying and describing all equipment including hand wash facilities, dish washing facilities, cooking equipment, refrigerators, worktables, food service areas, single service, storage, hot and cold holding units.

c. Describe the floor, wall, and ceiling surfaces within the food booth.

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STATEMENT: I certify the above information is complete and accurate. I fully understand that any deviation from the above information without prior written approval from the New Hanover County Health Department may nullify final approval.

Signature: _____ Date: _____

A copy of the North Carolina Rules Governing the Sanitation of Restaurants and other Foodhandling Establishments is available on the web at:
www.deh.enr.state.nc.us/ehs/rules.htm.

A copy of the New Hanover County Board of Health Rules Governing the Sanitation of Food Vendors at Special Events in New Hanover County, North Carolina can be found at: www.nhcgov.com/HLTH/EnvironHealth.htm.

Approval of these plans and specification by the New Hanover County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state rules governing food service establishments.

Plan approval by: _____ Date: _____

Plan disapproval by: _____ Date: _____

Reason for disapproval:

New Hanover County Check Sheet Temporary Food Establishment
New Hanover County Health Department
230 Market Place Dr, Suite 140 Wilmington NC 28403
OFFICE: (910) 798-6667 FAX: (910) 798-7269

Construction:

- _____ All food handled, portioned, prepared, served from approved enclosure.
- _____ Located in clean surroundings; kept clean.
- _____ Displayed food protected from customer's mouth.
- _____ Protection from flies, other insects by screening, effective use of fans.
- _____ Lights provided and shielded

Equipment and Utensils:

- _____ All equipment cleanable, in good repair; used for the intended design.
- _____ Single vat sink or 3 basins adequate size for wash, rinse, sanitizing. _____ Test kits
- _____ Drain board/counter top space for air-drying.
- _____ 0-220° F metal stem food thermometer.
- _____ Hand washing facilities: 2 gallon closed container of potable water with cut-off valve & catch basin.
- _____ Antibacterial soap & single-use disposable towels.
- _____ Cooler/refrigeration storage – adequate for all perishable foods.
- _____ Thermometers accurate; in all coolers/refrigeration units.
- _____ Single service items protected and stored in a sanitary manner.

Sources and Protection of Food:

- _____ Food from approved source (market, plant, permitted establishment).
- _____ Hamburgers in patties, separated by clean paper, or other material; ready to cook.
- _____ Poultry, beef, seafood - ready to cook.
- _____ Drinks - packaged, canned, bottled.
- _____ Milk, coffee, carbonated beverages - be from an approved dispensing device.
- _____ No fresh fruit drinks except: orange juice or lemonade.
- _____ All foods must be clean, wholesome, free from adulteration and properly stored.
- _____ No: Cream filled pastries, cold salads (potato, chicken, ham, crab, etc).
- _____ Potentially hazardous food at 45°F or below or 140°F or above.
- _____ Foods cooked to: Poultry-165°F, Pork-150°F, Ground beef-155°F, Rare Roast Beef-130°F.

Hygiene and Personnel:

- _____ All employees in good health, no infections.
- _____ All employees clean and wearing clean clothes
- _____ Hair restraints
- _____ All employees use appropriate hand washing/hygienic practices
- _____ List of employees names, addresses, phone numbers.

Water Supply:

- _____ Running water under pressure or otherwise approved.
- _____ Water supply sanitary; connections approved.
- _____ Able to heat water for utensil washing.

Toilet Facilities and Disposal of Waste:

- _____ Toilet facilities convenient, approved for employees.
- _____ Sewage disposed of in approved manner; wastewater contract approved.
- _____ Garbage disposal – watertight cans, tight lids or other approved container.