Craven County Health Department Temporary Food Establishment Application

Craven County Health Department Temporary Food Establishment Application This application must be completed and submitted to the Craven County Health Department (CCHD) to provide information about all food preparation and sales to the public at any public event or exhibition within Craven County. Applications must be submitted no later than 15 days prior to the event. Please note: A fee of $75.00 will be required for each food service permit and must be paid with the submission of each Temporary Food Establishment Application. Facility Type: Booth Pushcart Mobile Food Unit (MFU) Permanent-Building 1) Name of Booth or Food\_ Service Operation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) Address of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code 4) Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5) Applicant Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City Zip Code 6) Applicant Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Please note: Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued. 7) Date for permitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8) Time for permitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9) Will applicant prepare food prior to the event? Yes No If you checked “yes” food will be prepared prior to the event, provide the following information: Name of Facility where food is prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of Facility where food is prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code 10) As of September 1, 2012, the vendor/permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy? Yes No If you checked “no” you do not have an employee health policy, visit www.cravencountync.gov for a form. 11) Please check the box that best describes the source of water for your food booth:  Public Water Supplied by Organizer (requires food grade hose and backflow preventer)  On-site Private Well (requires testing at least 15 days prior to event)  Tap water supplied by applicant  Bottle water supplied by applicant  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12) Check the box that best describes the disposal method for the following: Garbage:  Waste can taken offsite  Event dumpster  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ Wastewater:  Event grey water bin  Can wash facility  Other: \_\_\_\_\_\_\_\_\_\_\_ Craven County Health Department | 2818 Neuse Boulevard | P.O. Drawer 12610 New Bern, NC 28561 | Phone: (252) 636-4936 | Fax: (252)636-1474 | www.cravencountync.gov Page1 Craven County Health Department Craven County Health Department | 2818 Neuse Boulevard | P.O. Drawer 12610 New Bern, NC 28561 | Phone: (252) 636-4936 | Fax: (252)636-1474 | www.cravencountync.gov Page2 13) Will ready-to-eat produce (vegetables or fruits) be prepared in your booth? Yes (requires a prep sink) No 14) Will you be using a separate vehicle for storage? Yes No: If yes, list contents (eg. Freezer, refrigeration, paper products):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15) Check the box that best describes your equipment: Cold Holding  Refrigerated truck  Commercial fridge  Freezer  Other: \_\_\_\_\_\_\_\_\_\_ Hot Holding:  Chafing dishes  Electric hot box  Grill  Other: \_\_\_\_\_\_\_\_\_\_\_ Utensil Washing:  3 Utility sinks  3-compartment  3 Basins  Other: \_\_\_\_\_\_\_\_\_\_\_ Hand Washing Set-up:  utility sink  Gravity flow set-up (see attached handout)  Other: \_\_\_\_\_\_\_\_\_\_\_ 16) Indicate the approximate distance & time you will travel to the festival site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 17) How will the food temperatures be maintained during transportation? Ice-chests Mechanical Refrigeration Cambrio Units/Hot holding cabinets Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 18) Provide a complete list of all food/menu items in the chart below and check “Advanced Preparation” if the food/menu item will be prepared prior to the event or check “Prepared at Event” if no advance preparation is needed. Check both “Advanced Preparation” and “Prepared at Event” if food/menu item requires both types of preparation. Please include all add-ons items such as lettuce, tomato, onion, etc. (example: Hamburgers with cheese, lettuce, tomato, onions). Food/Menu Items (attach list if more space is needed) Source of Food (must provide invoice or receipt at the event) Advanced Preparation (include cutting, seasoning, marinating, cooking, etc.) Prepared at Event (include cutting, seasoning, marinating, cooking, etc.) Example: Hamburgers Smith’s Market                             Craven County Health Department 19) Please provide a drawing of proposed set-up. Note that ALL food booths must have approved hand wash set-up and utensil washing set-up for washing, rinsing and sanitizing equipment. Other equipment needs may vary. Visit www.cravencountync.gov for an example of a drawing. I certify that the information in this application is complete and accurate. I understand that:  Any changes to my operation must be submitted to the CCHD for review and approval 5 days prior to the day of the event.  A compliance check may be conducted at any time of operation.  All potentially hazardous foods (PHF) that I am serving must be maintained at approved temperature (41°F or below for cold food and 135°F or above for hot food) during transport, holding and/or service.  Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.  Non-compliance may result in closure of the Temporary Food Establishment. I certify that I will comply with the requirements described by CCHD Checklist for Temporary Food Establishment Vendors. Visit www.cravencountync.gov for the checklist. Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submit this application and permit fee to: Craven County Health Department, Attention: Environmental Health - TFE Permitting PO Drawer 12610 New Bern, NC 28561 Office Use Only Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Craven County Health Department | 2818 Neuse Boulevard | P.O. 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