



Mecklenburg County Public Health

Temporary Food Event Vendor Application

This application shall be completed and submitted to the Mecklenburg County Public Health (MCPH) to provide information about all food preparation and sales to the public at any public event or exhibition within Mecklenburg County. A TFE permit is required to sell food or drink at a special event. **The permit is issued in conjunction with a fair, carnival, circus, public exhibition or other similar gathering. Examples are the NC State Fair, holiday festivals traveling carnivals and special events.** In addition to this vendor application, a separate Organizer Application shall be submitted by the organizer of the event or exhibition. **Please Note:**

- Vendor and Organizer Applications must be submitted no later than **15 days prior to the event.**
- Applications can be mailed, faxed or submitted directly to: 3205 Freedom Dr Suite 8000 J, Charlotte NC 28208, Fax (704) 336-6894
- A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application.
- **Food Vendor Applications will not be considered complete until the Organizer Application is received. If the Organizer Application is not received within 15 days prior to the event the Vendor application will be denied.**

1) Name of Event: _____ Date of Event: _____

2) Address of Event: _____
Street City State Zip

3) Name of Vendor: _____ Vendor Phone: _____

4) Vendor Business Name: _____

5) Vendor Business Address: _____
Street City State Zip

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

6) Date for permitting: _____ 7) Time for permitting: _____

8) Applicant Email Address: _____

9) Will vendor prepare food prior to the event? Yes No

If you checked "yes" food will be prepared prior to the event*, provide the name of the facility where food will be prepared:

Name of Prep Facility: _____ Date of preparation: _____ Time of Preparation: _____

Address of Prep Facility: _____
Street City State Zip

Please Note: Advanced preparation may require a permit by MCHD for the preparation site.

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

11) Please check the box that best describes the source of water for your food booth:

- | | |
|---|---|
| <input type="checkbox"/> Public water supplied by organizer (requires food grade hose) | <input type="checkbox"/> Tap water supplied by vendor |
| <input type="checkbox"/> On-site private well
(requires sampling by MCHD prior to event or back up water source) | <input type="checkbox"/> Bottled water supplied by vendor |

12) Check the box that best describes the disposal method for the following:

- | | | |
|--|---|---|
| <u>Garbage:</u> | <u>Wastewater:</u> | <u>Grease:</u> |
| <input type="checkbox"/> Waste taken offsite | <input type="checkbox"/> Portable toilet at event | <input type="checkbox"/> Grease taken offsite Event |
| <input type="checkbox"/> Dumpster | <input type="checkbox"/> Event grey water bin | <input type="checkbox"/> Event grease receptacle |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

TFE Menu Details

Provide information below for 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 mark "N/A" if no advance preparation is needed. If ready-to-eat produce (vegetables or fruit) will be prepared in your food booth indicate this in the "Cut, Washed, Assembled" column. Please note that processing product onsite will require a dedicated prep sink. Please include all add-on items such as lettuce, tomato, onion, etc. (example: Hamburgers with cheese, lettuce, tomato, onion).

**Please note: food preparation may not exceed more than 7 days prior to the event.*

Food/Menu Items	Food Supplier/Source	Advanced Preparation*	Thawing	Cut, Washed, Assembled? Where?	Where will item be hot/cold held?
<i>Ex. Lettuce/Tomato</i>	<i>US Foods</i>	<i>N/A</i>	<i>N/A</i>	<i>Lettuce and Tomato cut, washed and assembled on site</i>	<i>In Refrigeration</i>

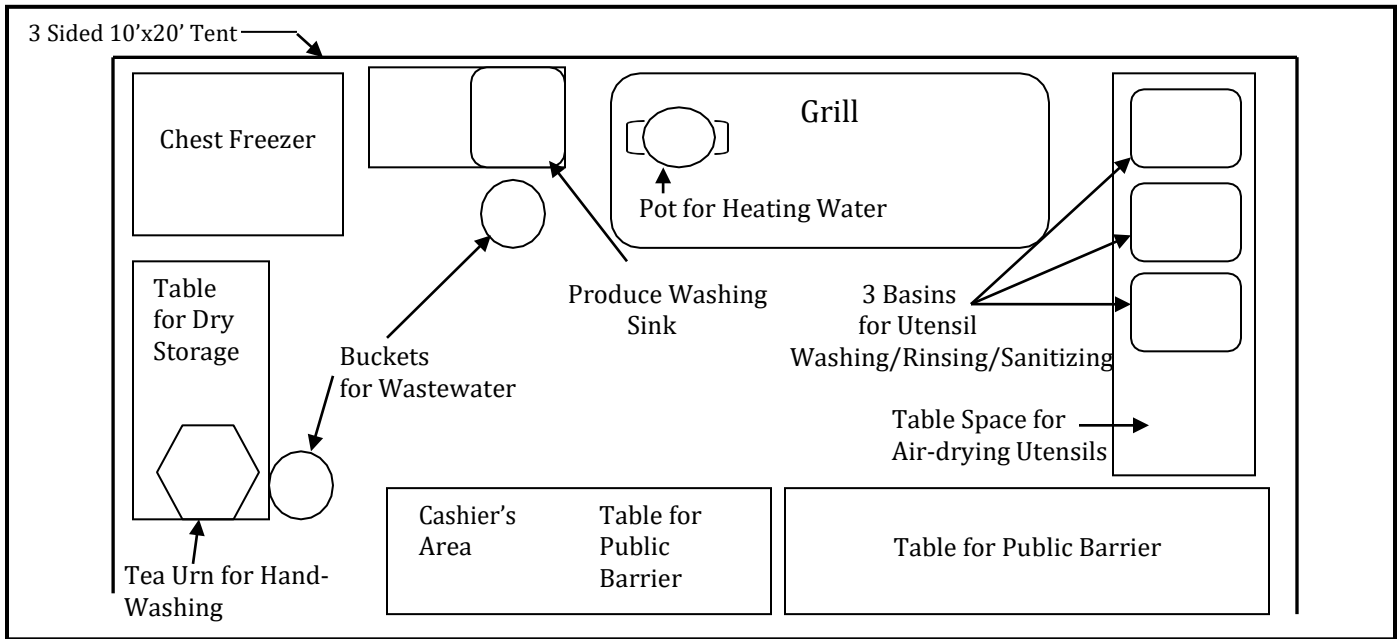
13) Check the box that best describes your equipment:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> <u>Cold Holding:</u> | <input type="checkbox"/> <u>Hot Holding:</u> | <input type="checkbox"/> <u>Utensil Washing:</u> | <input type="checkbox"/> <u>Hand Washing Set-up:</u> |
| <input type="checkbox"/> Refrigerated truck | <input type="checkbox"/> Chafing dishes | <input type="checkbox"/> 3 Utility sinks | <input type="checkbox"/> Mechanical sink |
| <input type="checkbox"/> Commercial refrigerator | <input type="checkbox"/> Electric hot box | <input type="checkbox"/> 3 Compartment sink | <input type="checkbox"/> Gravity flow set up |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Grill | <input type="checkbox"/> 3 Basins | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

14) Check the box which describes your food booth setup:

- 3-sided tent Tent with fans Mobile food unit Other: _____

15) Find the following example of a typical food booth set-up. Please 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.



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 Mecklenburg County Health Department for review and approval prior to the day of the event.
- All potentially hazardous foods (PHF/TCS) that I am serving must be maintained at approved temperatures (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/TCS foods may result in disposal or embargo of the food.
- Vendor is expected to be ready at permitting time given.
- Permits must be posted in a conspicuous place designated by the regulatory authority.

Applicant Signature: _____ **Date:** _____

Reviewer Signature: _____ Comments: _____	Office Use Only Date: _____
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Mecklenburg County Public Health

Checklist for Temporary Food Establishment Vendors

The following is a checklist to assist a vendor in setting up a Temporary Food Establishment (TFE). All items on the checklist are necessary to obtain a permit for a TFE; however, additional requirements may be applicable. *All applications must be submitted to the Mecklenburg County Health Department (MCHD) at least 15 days prior to the date of the event.*

Person in charge

- Available during all hours of food preparation

Employee requirements

- Gloves
- Employee Health Policy Agreement
- Hat, hair net or visor

Tent/weatherproof structure/canopy

- Canopy over entire operation (smokers are not required to be under a canopy)

Fly protection

- 3 solid or mesh sides
- Fly fans

Ground covering

- Protection from dust/mud (in the absence of asphalt, concrete or grass)

Water supply

- Approved water source (requires testing by MCHD if private well)
- Drinking water hose(s) – must be labeled
- A means to heat water

Wastewater disposal

- Buckets/grey water containers – must be labeled
- Disposal in approved sewage system or port- a-johns

Utensil washing

- 3 basins (large enough to fit equipment)
- Drain board or counter space for air drying
- Soapy water, rinse water, sanitizer
- Sanitizer test strips

Hand washing station

- At least 2 gallons of hot water under pressure
- Free-flowing faucet/stopcock
- Soap and disposable towels
- Wastewater catch bucket – must be labeled

Approved/protected/secured food

- Approved source/food invoices
- Food storage above ground
- Separate vegetable washing sink (when preparing/serving ready-to-eat vegetables)

Food temperatures

- Accurate food thermometer
- Cold holding: refrigeration/freezer/coolers with ice
- Hot holding equipment

Food shields/customer barriers

- No food exposed to customers
- Approved self-service condiments

Lighting (for night-time operations)

- Shielded above food/preparation

I certify that I will comply with the requirements listed above and any other requirements as described by MCHD while operating my Temporary Food Establishment:

Vendor Signature: _____

Date: _____