



Beaufort County Public Health Department
Environmental Health Section

TELEPHONE: 252.946.6048
FAX: 252.946.2074

220 North Market Street
WASHINGTON NC 27889

www.bchd.net

Application for Temporary Food Establishment Permit

Directions:

The operator of **each** TFE Site must complete this application. The application must be completed and submitted to the Beaufort County Health Department at least 15 days before an event.

Effective August 15, 2009 , all local health departments are directed to collect a \$75.00 fee, as required in GS 130A-248(d), to issue a permit to Temporary Food Establishments. This fee is collected for a new permit or when the TFE is relocated.

The \$75.00 fee must be paid prior to a permit being issued. The check is payable to Beaufort County Health Department. If the fee is not paid, a permit will not be issued and the TFE will not be allowed to operate.

This fee is NON-REFUNDABLE

In addition, using the attached Sketch Sheets, each operator must provide:
A drawing of their temporary food establishment (Sketch Sheet 1)

Date of Submission _____

Name of Temporary Food Establishment

Name of Operator/Owner _____

Email Address of Operator _____

Mailing Address _____

Telephone Number _____

Name of Event _____

Dates(s) and Time(s) of Event _____

Date and Time TFE will be set up and ready for inspection

List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Beaufort County Health Department at least **10 days** prior to the event.)

Will all foods be prepared at the TFE site?

-----Yes

-----No If no, where will the food be prepared or prepped prior to the event? A permit will need to be issued to be able to prep food prior to the TFE's scheduled dates. -----

List all food equipment:

Describe (be specific) how frozen, cold and hot foods will be transported to the Temporary Food Establishment:

How will food temperatures be monitored during the event?

Identify the sources for each meat, poultry, seafood and shellfish item. Include the source of ice:

Describe the type and number of sneeze guards (if using a tent) provided to keep customer's mouth and hands from the food.



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Describe the number, location and set up of handwashing facilities to be used by the Temporary Establishment workers:

Describe where and how utensil washing will take place.

Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

If portable wastewater tanks are to be used, identify the frequency of waste removal:

Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment:

Describe the floors, walls and ceilings surfaces, and lighting within the Temporary Food Establishment:

Describe how electricity will be provided to the Temporary Food Establishment:

Describe how flies will be prevented from entering the TFE:



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Approval of these plans and specifications by Beaufort County Health Department **does not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A reopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments. **Food may not be prepared or prepped prior to receiving a permit from the Beaufort County Health Department. Any food prepped or prepared prior to the permit will be disposed of.**

Approved _____ Disapproved _____

EHS_____Date _____

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.