



# HALIFAX COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

P. O. Box 10

Halifax, NC 27839

Phone: (252) 583-6651

Fax: (252) 583-2245

## Application for Temporary Food Service Permit

\$50 fee payable to: Halifax County Health Department

1. Establishment Name: \_\_\_\_\_
2. Operator's Name: \_\_\_\_\_  
(Each Operator should keep a list of names and phone numbers or ALL people involved in food preparation and serving.)
3. Operator's Mailing Address \_\_\_\_\_
4. Operator's Phone Number: \_\_\_\_\_  
(Daytime) (Evening)
5. Booth Location and Dates of Operation: \_\_\_\_\_  
\_\_\_\_\_
6. MENU: List all foods to be prepared and served. (Note: Any changes to the proposed menu must be submitted to the health department at least 7 days prior to the event.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. FOOD SERVICE EQUIPMENT: List all proposed food service equipment and power supply requirements (amps).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Will your water supply be provided at the event?            YES            NO  
(A potable water hose [RV hose] must be provided)

9. How will cold foods be kept at  $\leq 45^\circ$  F? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How will hot foods be kept  $\geq 140^\circ$  F? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe your hand-washing facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe how cooking and serving utensils will be washed and sanitized: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Layout of booth attached. (Please include a sketch or photograph showing the location of all equipment, tables, counters, sanitary facilities, food storage, and other relevant features.)**

**I certify the information enclosed to be true and accurate to the best of my knowledge. I understand that providing safe food to the public is my responsibility and will follow all requirements to provide safe food to the best of my ability.**

\_\_\_\_\_  
(Signature of Operator)

\_\_\_\_\_  
(Date)