



**HALIFAX COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

Post Office Box 10
15 West Pittsylvania Street
Halifax, NC 27839
Phone: (252) 583-6651

Fax: (252) 583-2245

Application for Temporary Food Establishment (TFE)
\$75 fee payable to: Halifax County Health Department

PLEASE NOTE: Rule .2665(d) of the North Carolina Food Service Rules requires all applications to be made **no fewer than 15 calendar days prior to the event.**

1. **Establishment Name:** _____
2. **Operator's Name:** _____
(Each Operator shall comply with Section 2-201 of the NC Food Code and keep an Employee Health Policy Agreement form for each person involved in food preparation and service.)
3. **Operator's Mailing Address:** _____
4. **Operator's Phone Number:** _____
5. **Event Name:** _____
6. **Event Location:** _____
7. **Hours of Operation at Event:** _____
8. **Time that Food Establishment will be ready for Inspection:** _____
9. **Event Organizer Name:** _____
10. **Event Organizer Contact Info:** _____
11. **BACKGROUND:** Please list the name and location of the most recent event that you operated at as a TFE.

11. **MENU:** List all foods to be prepared or served. (Note: Any changes to the proposed menu must be submitted to the health department at least 3 days prior to the event.)

12: **FOOD SAFETY:** Describe your food handling procedures and include the anticipated food volume and the source of all food.

13. **FOOD EQUIPMENT:** List all food service equipment.

14. **WATER & WASTEWATER:** Describe the water supply to be used and the provisions for handling wastewater.

Layout of booth attached. Please include a sketch or photograph showing the location of all equipment, tables, sinks, 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)

REQUIRED INFORMATION FOR NON-PROFIT EXEMPTION

Groups who believe they qualify for an exemption to the T.F.E. permitting requirements must submit proof of exemption status. Please complete the following:

Tax ID#: _____

Verification Letter for non-profit status shall be attached.