

Wilson County Health Department

1801 Glendale Drive SW • Wilson, NC 27893-4401 • Phone 252.237.3141

Temporary Food Establishment Application (TFE)

This application must be completed and submitted to Wilson County Health Department (WCHD) to provide information about all food preparation and sales to the public at any public event within Wilson 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.

acility	Type: Booth	Pushcart	Mobile Food Ur	nit (MFU)	Permanent-Building	
1.	Name of Booth/Food	Service:				
2.	Name of Event:					
	Event Date(s):					
5.	Applicant Name: Applicant Cell #:					
6.	Applicant Mailing Add	ress:				
7.	Applicant Email Addre	ss:				
8.	Person In Charge (PIC)	day of event name	e:			
9.	PIC Cell #:		PIC Email:			
	Please note: Food boo is allowed until permit		LETELY set up prior to	permitting a	and <u>NO</u> food preparation	
10.	Date for permitting: _		Time for per	mitting:		
11.	•	utensil washing se	•		ths must have approved nitizing equipment. Other	
****	******		**************************************	******	********	
ee:	\$75.00	Date Received:		Receipt #:		
Comme	ents:					
****	******	******	*******	******	*******	



Wilson County Health Department



12. Check the box that best describes the sou	irce of water for your fo	000 b00tn:			
☐ Public Water Supplied by Organiz	er 🔲 W	☐ Water Supplied by Food Vendor			
On-site Private Well		her:			
(<u>Requires</u> testing by WCHD prior to even or backup wa	er supply source)				
13. Check the box that best describes the dis	posal method for the fo	ollowing:			
Garbage:	<u>Wastewat</u>	er:			
☐ Waste taken offsite	☐ Grey water bin				
☐ Event providing dumpster	☐ Can wash facility				
☐ Other:	Па	king back to approved Commissary			
	☐ Ot	her:			
14. Check the following items supplied for th	e food booth(s) by the	organizer:			
☐ Electricity ☐ Refrigeration	☐ Toilet Facilities	☐ Drinking Water Hose(s)			
☐ Recycling ☐ Garbage Pick-up	Grease Disposal	☐ Wastewater Disposal			
15. Will ready-to-eat produce (vegetables an	d/or fruits) be prepared	d in your booth/unit?			
☐ Yes (requires prep sink)	□ No				
16. Check the box that best describes your ed	quipment:				
Cold Holding:	ot Holding:	Utensil Washing:			
☐ Refrigerated truck	☐ Chafing Dishes	☐ 3 compartment sink			
☐ Commercial fridge	☐ Electric hot box	☐ 3 basins			
☐ Commercial Fridge	Grill	☐ Other:			
☐ Ice chest	Other:				
Other:					
Handwashing Set-up:					
☐ Utility sin					
☐ Gravity flow set-up					
☐ Other:					
17. Indicate the approximate distance and tir	ne you will travel to fes	stival site:			



Wilson County Health Department



18. How will the food temperatures be maintained during transportation?
☐ Ice chest(s) ☐ Mechanical Refrigeration ☐ Cambrio Unit/Holding cabinets
Other:
19. Check the box that best describe each:
a. Booth Set-up
☐ 3-sided (tent walls) Tent () x () with front sneeze guard. Tent must restrict access from the public and protect food from contamination on all sides
☐ Trailer/Self-contained unit () x ()
☐ Building/indoor event
b. Flooring in food service/storage area:
☐ Grease mats under fryers
☐ Asphalt or concrete
☐ Matting, tarps or similar non-absorbent material
c. Lighting in food service/storage areas
☐ Shielded bulbs
☐ Shatterproof bulbs

20. Provide a complete list of all food/menu items in the chart below: Attach additional sheets if needed

Food/Menu Items &	Source of	Method of Preparation	Raw	Pre-	Pre-	Frozen	Ready-To-
Ingredients	Food			Cooked	Portioned		Eat
Ex: hamburgers	Fred's Food	Purchased pre-pattied,	X		X		
	Club	Purchased pre-pattied, cooked on flat top. No					
		advance prep					



Wilson County Health Department



I certify that the information in this application is complete and accurate. I understand that:

- Any changes to my operation shall be submitted to Wilson County Health Department for review and approval a minimum of 15days prior to the day of the event.
- I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635, a temporary food establishment permit will not be issued.
- NO FOOD PREPARATION IS ALLOWED UNTIL PERMIT IS ISSUED
- A compliance check may be conducted at any time of operation.
- All potentially hazardous food items (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 may result in disposal or embargo of food
- Non-compliance may result in closure of the Temporary Food Establishment.
- Approval of this application does not indicate compliance with any other code, law, or regulation that may be required (ie: Fire Marshal, federal, state, and local authorities/jurisdictions)

I certify that I will comply with the requirements described by Wilson County Health Department Checklist for Temporary Food Establishments.

Applicant (full name, print):		
Applicant Signature:	Date:	

Visit https://www.wilsoncountync.gov/departments/health-department/environmental-health for TFE checklist and more information.