



Temporary Event Organizer Application

This application shall be completed and submitted to the Cabarrus Health Alliance (CHA) to provide information about all food preparation and sales to the public at any public event or exhibition within Cabarrus County. A TFE permit is required to sell food or drink at a special event. ***This 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 organizer application, a separate **Food Vendor Application** shall be submitted by each food service vendor participating in the event or exhibition. This application shall be submitted with a map of the event site indicating the location of all the food booths. Please Note:

- This application, map, and Food Vendor Application(s) shall be submitted no later than 15 days prior to the event.
- A fee of \$75.00 will be required for each food service permit and shall be paid with the submission of each Food Vendor Application.

1) Name of Event: _____ Date of Application/Packet Submittal: _____

2) Address of Event: _____
Street City NC State Zip

3) Event Date(s): _____

4) Organizer Name: _____ Organizer Phone: _____

5) Organizer Address: _____
Street City State Zip

6) Additional Organizer Contacts: _____ Additional Phone: _____

7) Organizer Email: _____

8) Number of Anticipated Food Booths: _____

9) Date/Time when Food Booth(s) will be ready for CHA permitting: _____

10) Source of Water for Food Booths (check the box which applies for all food vendors):

<input type="checkbox"/> Public Water Supplied by Organizer	<input type="checkbox"/> Water Supplied by Food Vendor
<input type="checkbox"/> On-site Private Well (<u>requires</u> advanced testing by CHA)	<input type="checkbox"/> Other: _____

11) Check the following items supplied for the food booths by the organizer:

<input type="checkbox"/> Electricity	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Toilet Facilities	<input type="checkbox"/> Drinking Water Hose(s)
<input type="checkbox"/> Recycling	<input type="checkbox"/> Garbage Pick-up	<input type="checkbox"/> Grease Disposal	<input type="checkbox"/> Waste Water Disposal

12) Will the event include a petting zoo or pony rides? Yes * No

* If "yes", how many hand wash facilities will be available? _____

Requirements for ALL Organizers:

- Ensure vendors are set up at scheduled permitting time.
- Event Coordinator or a representative available onsite for permitting walk through assistance with Health Department the day of the event. Site Map provided (may be provided on separate sheets.)
- Ensure all permits to all TFE's remain secured, posted and visible to the public during event operating hours.

List all participating vendors (including Mobile Food Units and Pushcarts) below, use additional pages as needed.

Name of Vendor Booth	Owner/Operator	Phone Number/E-mail	General Menu
Ex. Johns Famous Funnel Cakes	John Williams	980-123-4567 john@mail.com	Funnel Cakes, turkey legs, Italian sausages.

List all participating non-profit vendors below.

G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statutes or are exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food and/or drink for pay no more than once a month for a period of two consecutive days.

Nonprofit Name	Contact Person	Phone Number/E-mail	Registration Number

STATEMENT: *I certify that the information in this application is complete and accurate. I understand that any changes to my operation shall be submitted to Cabarrus Health Alliance for review and approval 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.*

 Organizer Signature: _____ Date: _____

Submit this application, all Food Vendor Applications, list of participating vendors, permit fee(s) and event map to: Cabarrus Health Alliance at the address below, Attention: TFE Permitting or email to TFE@cabarrushealth.org