



Temporary Event Organizer Application

This application must 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. In addition to this organizer application a separate **Temporary Food Establishment (TFE) Permit Application** must be submitted by each food service vendor participating in the event or exhibition. This application must be submitted with a map of the event site indicating the location of all food booths. Please note:

- This application, an event site map, and TFE Permit Application(s) must be submitted **no later than 15 days prior to the event.**
- A fee of \$75.00 is required for each TFE Permit and must be paid with the submission of the TFE application. A separate application and permit is required for each location for vendors having multiple locations.

Name of Event:		Date(s) of Event:
Address of Event (include street, city, zip):		
Event Hours of Operation:		
Event Organizer Name:		Event Organizer Phone (cell):
Event Organizer Address (include street, city, state, zip):		
Additional Organizer Contact Name(s) if applicable:		Additional Organizer Phone (cell):
Event Organizer E-Mail (required):		
Number of Anticipated Food Booths:		Date/Time of Food Booth Setup:
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 each Food Vendor <input type="checkbox"/> On-Site Private Well (*requires advanced testing by CHA) <input type="checkbox"/> Other: _____		
Check the following items supplied for the food booths by the organizer:		
<input type="checkbox"/> Porta John <input type="checkbox"/> Refrigeration <input type="checkbox"/> Permanent Toilet Facilities <input type="checkbox"/> Drinking Water Hose(s) <input type="checkbox"/> Garbage Pick-up <input type="checkbox"/> Grease Disposal <input type="checkbox"/> Waste Water Disposal <input type="checkbox"/> Backflow Preventer		

I certify that the information in this application is complete and accurate. I understand that any changes must be submitted to the CHA, Environmental Health, for review and approval **prior** to the day of the event:

Organizer Signature: _____ Date: _____