

Bladen County Health Department

P.O Box 189-300 Mercer Mill Rd

Elizabethtown, NC 28337

Telephone (910) 862-6852

Fax (910) 862-6932

Email: dhester@bladenco.org

**TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

**Event Information**

Event Name/ Location \_\_\_\_\_

Event Coordinator \_\_\_\_\_

Set-up Date and Time \_\_\_\_\_

Event Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_ Ending\_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_

**Vendor Information**

Organizational/business Name\_\_\_\_\_

Contact Person \_\_\_\_\_ (Phone) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_ - \_\_\_\_\_

Address\_\_\_\_\_ (Fax) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Pager) ( ) \_\_\_\_\_ - \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Menu:\_\_\_\_\_

Food Sources (i.e. Supermarket or Food Distributor)\_\_\_\_\_

**\*Note:** If non-profit, tax exempt or political fund raising group then attach documentation for exemption consideration.

**\*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED**

Applicant's  
Signature\_\_\_\_\_ Date:\_\_\_\_\_

Specialist's Signature\_\_\_\_\_ Date:\_\_\_\_\_

**FOR ENVIRONMENTAL HEALTH SECTION USE**

\_\_\_\_\_ Permit is Required

\_\_\_\_\_ Permit is not Required-exempt under GS 130A-250(7) or food items not regulated under 15A NCAC 18A .2600