

Nina Oliver MS
Director



Telephone (704) 216-8525
FAX (704) 642-2003

Rowan County Health Department
Environmental Health Division
402 North Main Street • Salisbury, NC 28144-4341

**TEMPORARY FOOD ESTABLISHMENT
FOOD VENDOR APPLICATION**

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A separate Temporary Food Establishment application is required for each vendor. **This application, along with a fee of \$75.00, must be received by the Rowan County Environmental Health Division 15 days prior to event.** Make your check payable to the Rowan County Health Department. Please complete the entire application, sign and date.

Event Information

Event Name _____
Event Location _____
Event Organizer _____
 Name _____
 Mailing Address _____
 Phone No. _____
Event Date _____
Hours of Operation _____
Set-Up Date _____ Time _____ am/pm
Tear-Down Date _____ Time _____ am/pm

Vendor Information

Vendor Name _____
Vendor Address _____
City, State, Zip _____
Vendor Phone Nos. Home _____ Cell _____ Fax _____
Email Address _____
Prior Event of Operation (if applicable) _____

Operations Information

List all menu items (including beverages) or attach copy of menu:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List all sources of food: _____

How will you keep foods hot? _____

How will you keep foods cold? (coolers shall have drains)

Where will your water be obtained? _____

How will your wastewater be disposed (waste tank 15% larger than fresh)?

How are vegetables/fruits washed? _____

Food Handling Procedures? _____

A complete set of rules and other information are is available at:
<http://www.rowancountync.gov/government/departments/healthdepartment/environmentalhealth.aspx>

Before the Health Department representative arrives, you should address the following items:

- _____ Employee Health Policy (available at our office or on web site)
- _____ Sanitizing solution and test strips (example: non-scented household bleach) with a concentration of at least 50ppm.
- _____ Have available a metal stem thermometer capable of reading 0-220°F or a digital thermometer, must read temperature on the tip.
- _____ Alcohol Swabs to sanitize thermometers
- _____ Water under pressure (continual pressure without manual assistance, can be gravity feed). 2 gallon water minimum.
- _____ Gloves, tongs, spoons, etc. – No bare hand contact with ready to eat foods.
- _____ Separate hand wash sink with soap & paper towels or station with soap and paper towels.
- _____ Hair restraints (baseball cap, hairnet or visor).
- _____ Ice scoops and separate storage container with drain for ice to be used with drinks.
- _____ Food must be stored off floor/ground. (example: pallets, crates, etc).
- _____ All food handling and cooking must be done in a protected area. This area shall have overhead coverage. Grills that pose a safety risk from being under overhead coverage shall have lid.
- _____ Open food displays must be protected by sneeze guards or other approved barriers.
- _____ 3 basin wash, rinse, and sanitize set up. Large enough to wash, rinse, and sanitize utensil. And counter space for air drying.
- _____ Ground cover, except on pavement, concrete, or grass.
- _____ Light source for night time operation and necessary utility sources such as generator.
- _____ No food prepared until permitted (seasoned, prepped cooked, etc.)

Temporary Food Establishment applicant signature _____

(Print Name) _____

Date _____

Receipt amount _____ Receipt Number _____

- Nonprofit groups that have a tax exempt status are exempt from these rules. This exemption is available for two consecutive days once per month. These groups may be asked to provide proof of their tax-exempt status. Groups that serve certain types of food may also be exempt.
- Office hours are Monday –Friday, 8:00am – 5:00pm to submit an application and pay fee. **Representatives are available to answer questions from 8 – 8:30am and 4:30 -5pm.** Office phone is 704 216 8525.

List your equipment here: _____

DRAW LAYOUT OF SET UP (additional sheet may be added):