

**BOARD OF COMMISSIONERS**

PHIL CARSON, CHAIRMAN  
DAVID MONTEITH, VICE-CHAIR  
STEVE MOON, MEMBER  
BEN BUSHYHEAD, MEMBER  
DANNY BURNS, MEMBER

**HUMAN SERVICES BOARD**  
**INTERIM DIRECTOR**

KEVIN KING



**SWAIN COUNTY**

**HEALTH DEPARTMENT**  
**DIRECTOR**

ALISON COCHRAN

**ADDRESS:**

SWAIN COUNTY HEALTH DEPT.  
545 CENTER STREET  
BRYSON CITY, NC 28713  
PHONE: 828.488.3198  
FAX: 828.488.8672

---

**Event Organizer 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 Permit Application for each food vendor must be received at least 15 calendar days prior to event or application will be denied.** The event coordinator is responsible for submitting all vendor applications to the Swain County Department of Public Health for review. **And this application must be submitted 15 calendar days prior to event.** Be sure to consult with the Fire Marshal, etc. before your event. Please mail applications to the above address.

Please Print

Organizer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organizer Phone (7:45 am-4:45 pm): \_\_\_\_\_ Other: \_\_\_\_\_

Additional Organizer Contact: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Dates and Times of Event: \_\_\_\_\_

Date/Time Food Vendors Set-Up: \_\_\_\_\_

Onsite Coordinator(s) Contact Information: \_\_\_\_\_

Number of Anticipated Food Booths: \_\_\_\_\_

**BOARD OF COMMISSIONERS**

PHIL CARSON, CHAIRMAN  
DAVID MONTEITH, VICE-CHAIR  
STEVE MOON, MEMBER  
BEN BUSHYHEAD, MEMBER  
DANNY BURNS, MEMBER

**HUMAN SERVICES BOARD**  
**INTERIM DIRECTOR**

KEVIN KING



**SWAIN COUNTY**

**HEALTH DEPARTMENT**

**DIRECTOR**

ALISON COCHRAN

**ADDRESS:**

SWAIN COUNTY HEALTH DEPT.  
545 CENTER STREET  
BRYSON CITY, NC 28713  
PHONE: 828.488.3198  
FAX: 828.488.8672

Will the organizer be supplying water to the food booths?  Yes  No

**Note: A food grade hose is required for all water connections.**

If yes, what is the water source?  Public  
 Other, explain \_\_\_\_\_

Liquid waste/grease and garbage disposal method and schedules for pick-up (include business name if service is contracted): \_\_\_\_\_

Will the organizer be supplying electricity to the food booths?  Yes  No

Number of toilet facilities provided: \_\_\_\_\_ Type: \_\_\_\_\_

Will hand washing facilities be provided adjacent to the toilets?  Yes  No  
How Many? \_\_\_\_\_

Use the space below to list ALL FOOD VENDORS that will be participating (Use space on back of paper if needed):

Please attach a map of the event grounds showing the location for each food booth, toilet facilities, water connection, etc.

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without permission from Swain County Environmental Health may nullify the final approval and prevent issuance of permits to participating vendors. 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 and a temporary food establishment permit will not be issued. **I understand that if this application is incomplete it will be returned; if I do not correct and return to SCHD at least 15 calendar days prior to event my application will not be considered.**

Print Name

Signature

Date