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**ADDRESS:**

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

To all organizers, coordinators and food vendors at special events:

It is in the best interest of the organizer, sponsor, coordinator, and food vendors that you contact the Swain County Department of Public Health, Fire Marshal, etc. prior to any event involving food to determine what will be required.

The following pages list the permitting requirements, information and applications for temporary food establishments. Read these requirements carefully. Applications (for organizers and vendors) must be submitted at least 15 calendar days prior to event. Each question must be answered or the application will be considered incomplete. It is the responsibility of the vendor to meet all requirements of the State laws governing temporary food service establishments before a permit can be issued.

Please be aware of any legal problems that could result from selling food. Selling food without a permit at an event where a permit is required will result in a cease order being issued and possible legal action.

A copy of the rules governing temporary food service establishments is provided. If you would like a complete copy of rules governing foodservice establishments please visit the following websites:

<http://ehs.ncpublichealth.com> for NC Rules

<http://ehs.ncpublichealth.com/index.htm> for NC Food Code

Thank you for your cooperation and best of luck with your event,  
Swain County Environmental Health Department

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**Swain County Temporary Food Establishment Vendor Application**

Each food vendor must submit a completed Temporary Food Establishment application to coordinator to be submitted to department **at least 15 calendar days prior to event**. Permit fee(s) shall be submitted along with application. Each question must be answered or the application will be considered incomplete.

Application Submission Date: \_\_\_\_\_

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

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

Event Date(s)/Time(s): \_\_\_\_\_

Proposed Date/Time for Pre-Opening Inspection: \_\_\_\_\_

\*\* This will be determined by the Swain County Health Department and Event Coordinator

Booth Name/Business Name: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Owner/Operator Address: \_\_\_\_\_

Owner/Operator Phone (7:45am-4:45pm): \_\_\_\_\_ Other: \_\_\_\_\_

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Type of Setup:       Tent                       Trailer/Self Contained Unit                       Other \_\_\_\_\_

Hand Washing:       Plumbed Sink                       Gravity Flow container with push button/flip nozzle  
 (At least 2 gallon container with unassisted free flowing faucet)

Utensil Washing:       Plumbed sink with drain board/counter top for air drying  
 Separate tubs for wash, rinse, sanitize with drain board/counter top for air  
 Drying

Water Source:       On-Site Municipal                       Sealed Bottled Water  
 Brought from permitted establishment (Attach permitted letter from owner)  
 Other \_\_\_\_\_

Wastewater Disposal:       Provided By Event  
 Return to Permitted Establishment (Attach permission letter from owner)

Garbage Disposal:       Provided by Event                       Other \_\_\_\_\_

Will all foods/beverages be prepared at the event?       Yes                       No

If no, attach a letter signed by the owner of a permitted establishment listing each menu item that will be prepared by the establishment. Owner must include contact information. Domestic kitchens shall not be used.

\*Menu items are subject to approval and may be restricted\*

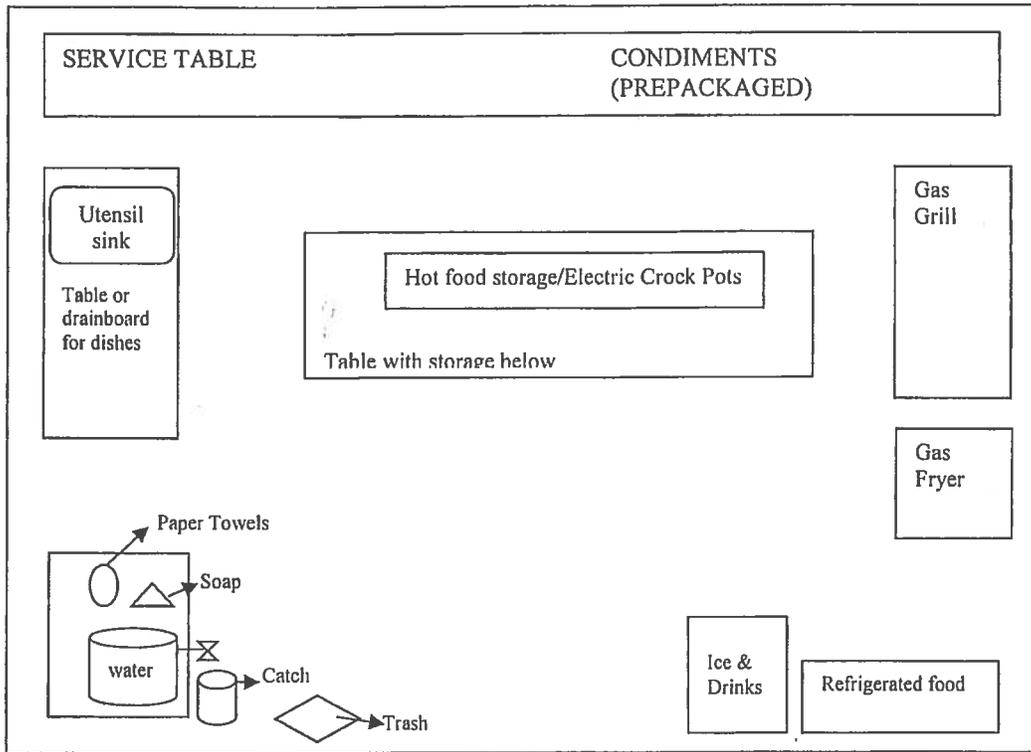
Food/Beverage Ex: Hamburgers	Source/Transport Method Ex: Frozen patties from Sam's by cooler w/ice	Prep/Cooking Procedures Ex: Transfer from cooler to grill	Hot/Cold Handling Ex: Hold in Crock Pot w/Broth	Cooking & Holding Equipment Ex: Gas grill w/steam table

**\*Any foods requiring preparation prior to the event must be approved and permitted by the Swain County Department of Public Health and event coordinator. (i.e. BBQ, dough for fry bread) Any foods prepared without permission from the department will be discarded. Food booth must be completely set up prior to permitting.**

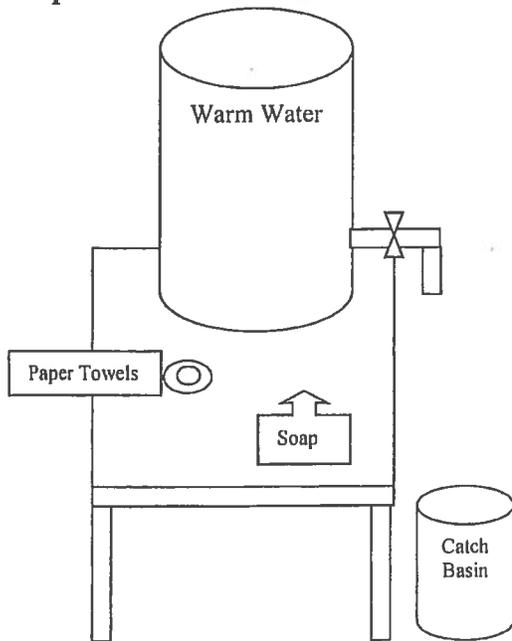
# EXAMPLE LAYOUT

10x10 Tent

Front Customer Service



## Example Hand-wash Station



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**Equipment Layout Diagram:**

Please provide a layout of proposed set-up including all equipment used for cooking, hot holding, cold holding, hand-washing facilities, work tables, utensil washing facilities, etc.

\*Application will be returned if this section is not filled out completely

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior consultation with Swain County Department of Public Health may nullify final approval and prevent issuance of a temporary food establishment permit. I understand that incomplete/incorrect applications will not be processed.

Signature Owner/Operator: \_\_\_\_\_

Date: \_\_\_\_\_