

STOKES COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
P.O. BOX 187
DANBURY, NC 27016
(336) 593-2403 Phone
(336) 593-4021 Fax

TEMPORARY FOOD ESTABLISHMENT APPLICATION

NAME OF VENDOR: _____

NAME OF BOOTH: _____

ADDRESS: _____

PHONE: _____

NAME AND DATES OF VENT: _____

LOCATION: _____

Please Check One

For Profit Not For Profit (Must have statement of non-profit or tax-exempt status)

List Menu Items

Foods

Drinks

Water Source: _____

Wastewater Disposal Method: _____

Restroom Location For Use By Employees: _____

1. All foods must be obtained from approved sources. Any foods requiring preparation prior to the event must be prepared in a kitchen that has been approved by Stokes County Environmental Health. **DO NOT PREPARE ANY FOOD ON-SITE BEFORE RECEIVING A PERMIT—ANY FOOD PRE-PREPARED WILL BE DISCARDED.** Foods such as cream filled pastries and pies; salads such as potato, chicken, ham and crab cannot be served in a temporary food establishment. Hamburger shall be prepared in an approved facility in patties separated by clean paper, or other wrapping material ready to cook. Poultry shall be prepared for cooking in an approved market or plant (cutting or preparing of any raw meat product in the stand is prohibited).
2. Have your temporary food establishment thoroughly cleaned and sanitized prior to a visit by a representative of the Health Department. The following checklist must be completed in order to receive a permit.

_____ Wastewater disposed of properly. (Catch buckets must be disposed of in can wash area, toilet, portable toilets or holding tank. **Wastewater is not to be disposed of on the ground or in storm drains.**)

_____ Sanitizer made with regular bleach (not scented bleach) mixed with water to make a 50-ppm solution or other approved sanitizer. A 32-ounce spray bottle should be available to which a ½ capful of Clorox bleach is mixed with water.

_____ Sanitizer test strips provided.

_____ Provide food thermometers ranging from 0°F-220°F for monitoring food temperatures.

_____ Protection against flies and other insects shall be provided. (Effective fans or screening)

_____ Utensil sink and counter space/drainboards for the air-drying of utensils provided.

_____ Hand washing facility set up with antibacterial soap and paper towels.

_____ Hair restraints used (Cap, Visor or Hairnet)

_____ Ice Scoops and bin provided for consumption ice (separate from other ice).

_____ Food stored off the floor (potatoes, onions, etc. must be stored on a pallet or other approved means).

_____ All food handling and cooking done in a protected area. (This area shall have overhead coverage).

_____ Open food displays protected from contamination by sneeze guards, or other barriers.

_____ Beverages are limited to canned, bottled, packaged from approved dispensing devices.

_____ Approved potable water supply. (Bottled or approved city water supply)

_____ Hot water available

_____ Garbage shall be collected and stored in waterproof containers with tight-fitting lids.

Please sign and date and return prior to the event to the Stokes County Environmental Health

Applicant's Signature _____ Date _____

Specialist Signature _____ Date _____

Representatives of the Health Department will be available for any event if given enough notice. If you Have questions please contact Stokes County Environmental Health at (336) 593-2403.

DIAGRAM OF STAND LAYOUT (MAYBE NEATLY HAND DRAWN):