



Buncombe County Health and Human Services

Temporary Event Organizer Application

This application must be completed and submitted to the Buncombe County Environmental Health to provide information about all food preparation and sales to the public at any public event or exhibition within Buncombe County. In addition to this organizer application, a separate **Food Vendor Application** must be submitted by each food service vendor participating in the event or exhibition. This application must be submitted with a map of the event site indicating the location of all of the food booths. Please Note:

- **This application, map, and Food Vendor Application(s) must be received no later than 15 days prior to the event.** • A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application.

1) Name of Event: _____ Date of Application/Packet Submittal: _____

2) Address of Event: _____ NC
Street City State Zip

3) Event Date(s): _____

4) Organizer Name: _____ Organizer Phone: _____

5) Organizer Address: _____
Street City State Zip

6) Additional Organizer Contacts: _____ Additional Phone: _____

7) Organizer Email: _____

8) Number of Anticipated Food Booths: _____

9) Date/Time when Food Booth(s) will be ready for BCHHS permitting: _____

10) Source of Water for Food Booths (check the box which applies for all food vendors):

- Public Water Supplied by Organizer Water Supplied by Food Vendor
 On-site Private Well (requires testing by BCHHS) Other: _____

11) Check the following items supplied for the food booths by the organizer:

- Electricity Refrigeration Recycling Toilet Facilities Drinking Water Hose(s)
Garbage Pick-up Grease Disposal Waste Water Disposal

12) Will the event include a petting zoo or pony rides?
 Yes * No

* If "yes", how many hand wash facilities will be available? _____

I certify that the information in this application is complete and accurate. I understand that any changes to my operation must be submitted to Buncombe County Health and Human Services for review and approval prior to the day of the event:

 Organizer Signature: _____ Date: _____

**Submit this application, all Food Vendor Applications, permit fee(s) and event map to:
Buncombe County Health and Human Services at the address below, Attention: TFE Permitting**

30 Valley Street Asheville N.C. 28801 P: (828)-250-5016 F: (828)-250-6161