

BUNCOMBE COUNTY DEPARTMENT OF HEALTH
TEMPORARY FOOD ESTABLISHMENT APPLICATION

VENDOR NAME: _____
CONTACT INFO: _____ TELEPHONE NUMBER: _____
FESTIVAL NAME: _____ FESTIVAL DATES: _____
FESTIVAL LOCATION: _____

1. List foods you will be serving:

2. How do you intend to keep potentially hazardous foods cold (45°F or below) or hot (140°F or above)?

3. Where will food be purchased? [Refer to .2635(9)]

4. Where will food be prepared? [Refer to .2635(10)]

5. Do you have access to a local, permitted kitchen with a sink large enough to wash utensils, pots, pans, etc.? If so, where?

6. If you are an out of state vendor, please submit approval from your local or state health authority with your application.

I HAVE READ .2635 AND UNDERSTAND THAT I MUST SATISFY ALL THE REQUIREMENTS OF THIS RULE IN ORDER TO RECEIVE A PERMIT.

NAME: _____ DATE: _____

A PERMIT WILL BE REQUIRED TO OPERATE!

PLEASE SUBMIT APPLICATION AND \$75 FEE TO:

(Make a check payable to Buncombe County Department of Health)



Environmental Health Program

Attn: Pam Atkins

30 Valley St.

Asheville, NC 28801

828-250-5016