

**HYDE COUNTY HEALTH DEPARTMENT**

Environmental Health  
P.O. Box 100  
1151 Main Street  
Swan Quarter, N.C. 27885

Phone: (252) 926-4380

Fax: (252) 926-0021

**Application for Temporary Food Establishment (TFE) Handling Permit**

must be received with payment at least **15 Calendar days** prior to event  
15A NCAC 18A .2665(d)

Please complete all of the following items:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ email: \_\_\_\_\_

Name of event: \_\_\_\_\_

Dates of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Length of event: \_\_\_\_\_ Time you will be set up for inspection: \_\_\_\_\_

**NOTE: Vendors not ready within 30 min. of this time will not receive a permit.**

Proposed Menu: \_\_\_\_\_

Yes  No  Are you a non-profit organization? If yes, please list Federal Tax ID Number: \_\_\_\_\_  
**(Documentation of non-profit status or political affiliation must be attached)**

Yes  No  Have you sold or do you plan to sell food at another event anywhere in the state of North Carolina within the month of the proposed event?

I understand that if I operate for more than two consecutive days anywhere in North Carolina within the same month of the proposed event that I may be required to obtain a permit from the local health department.

I understand that the signature of any employee of the HCHD on this document is not a permit to operate and that such signature does not in any way ensure that the HCHD will ever issue a permit for operation of the establishment.

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

HCHD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ This vendor **will** require a permit                      \_\_\_\_ This vendor **will not** require a permit

**A \$75.00 fee is required for temporary permits. Please consult with your local EHS prior to submitting payment to ensure proper application is made.**

FOR OFFICE USE

Date of Payment: \_\_\_\_\_

Method of Payment: O CHECK: \_\_\_\_\_ O CASH O MONEY ORDER O CHARGE