

# Application for Temporary Food Permit

Must be received with payment at least **Fifteen (15)**

**Calendar Days** prior to event

15A NCAC 18A .2665 (d)

**NO REFUNDS NO EXCEPTIONS**



[www.arhs-nc.org](http://www.arhs-nc.org)

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

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

ARHS 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.**

**Mail to:** ARHS Environmental Health  
Attn: *County Name*  
PO Box 189  
Elizabeth City, NC 27907

**Bertie County**  
P: (252) 794-5303  
F: (252) 794-5361

**Camden County**  
P: (252) 338-4460  
F: (252) 338-4475

**Chowan County**  
P: (252) 482-1199  
F: (252) 482-6020

**Currituck County**  
P: (252) 232-6603  
F: (252) 232-1912

**Hertford County**  
P: (252) 862-4054  
F: (252) 862-4263

**Gates County**  
P: (252) 357-1380  
F: (252) 357-2251

**Pasquotank County**  
P: (252) 338-4490  
F: (252) 337-7921

**Perquimans County**  
P: (252) 426-2100  
F: (252) 426-2104

*FOR OFFICE USE*

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

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