

HERTFORD COUNTY PUBLIC HEALTH AUTHORITY

P.O. BOX 246
WINTON, NC 27986

801 NORTH KING STREET
(252) 358-7833 FAX (252) 358-7869

To: Event Food Service Vendor
From: Hertford County Public Health Authority (HCPHA)
County
Re: Request for Permit

Please complete all of the following items:

Name: _____

Address: _____

Daytime Phone: _____

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: _____

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

Signed: _____ Date: _____

HCPHA 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.

NO REFUNDS NO EXCEPTIONS

FOR OFFICE USE

Date of Payment: _____

Method of Payment: CHECK: _____ CASH MONEY ORDER

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