



**RICHMOND COUNTY
HEALTH DEPARTMENT**
127 Caroline Street Rockingham, NC 28379



Dr. Tommy Jarrell, Health Director
Phone: (910) 997-8300
Fax: (910) 997-8336
E-Mail: tommy.jarrell@richmondnc.com
Website: publichealth.southernregionalahec.org/Richmond

Application for a Temporary Food Establishment Permit

Event Information

Name of Special Event _____

Date(s) & Time of Event _____

Event Location _____

*A non-refundable fee of \$75 dollars must accompany all Temporary Food Establishment applications.
Applications must be submitted a minimum of 2 weeks prior to the scheduled event.*

Food Vendor Information

Name of Concession _____

Owner/Contact Person _____

Phone Numbers _____

Cell: _____

Street Address _____

City/State _____ Zip Code _____

Enclosure Type: Trailer _____ Booth _____ Screened Tent _____

Equipment to be used at the event for:

a.) Cold holding _____

b.) Hot holding _____

c.) Cooking _____

d.) Reheating _____

Water source: On-site municipal supply On-site well

Other _____

Wastewater Disposal: _____

Means for Handwashing: Plumbed sink Gravity flow

Other _____

Must also include soap and paper towels.