

ADDRESS:

SWAIN COUNTY HEALTH DEPT.
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BRYSON CITY, NC 28713

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HEALTH DEPARTMENT
DIRECTOR
ALISON COCHRAN

ENVIRONMENTAL HEALTH
SUPERVISOR
JONATHAN JONES

SWAIN COUNTY

Event Organizer Application

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. **A separate Temporary Food Establishment Permit Application for each food vendor must be received at least 15 calendar days prior to event or application will be denied.** The event coordinator is responsible for submitting all vendor applications to the Swain County Department of Public Health for review. **And this application must be submitted 15 calendar days prior to event.** Be sure to consult with the Fire Marshal, etc. before your event. Please mail applications to the above address.

Please Print

Organizer Name: _____

Mailing Address: _____

Organizer Phone (7:45 am-4:45 pm): _____ Other: _____

Additional Organizer Contact: _____

Name of Event: _____

Event Location: _____

Dates and Times of Event: _____

Date/Time Food Vendors Set-Up: _____

Onsite Coordinator(s) Contact Information: _____

Number of Anticipated Food Booths: _____

