

**Swain County Health Department  
545 Center Street  
Bryson City, NC 28713  
Phone: 828-488-1207**

**Temporary Food Establishment Application**

**Event Information**

Event Name \_\_\_\_\_

Location \_\_\_\_\_

Set-Up Date and Time \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Vendor Information**

Organization/Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Food Source (ie: Supermarket) \_\_\_\_\_

**\*Note: If non-profit, tax exempt or a political fund raising group then attach documentation for exemption consideration.**

**\*Please attach copy of menu items. Menu items are subject to approval and may be restricted.**

**\*Cost for permit is \$75.00**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ENVIRONMENTAL HEALTH SECTION USE**

\_\_\_\_\_ **Permit required**

\_\_\_\_\_ **Permit is not required – exempt under GS 130A-250(7) or food items not regulated under 15A NCAC 18A .2600**

**Specialist's Signature \_\_\_\_\_ Date \_\_\_\_\_**

