

SCOTLAND COUNTY HEALTH DEPARTMENT
APPLICATION FOR TEMPORARY
FOODSERVICE ESTABLISHMENT PERMIT
(Each Food Booth Operator Must Provide the Following Information)

1. Establishment Name: _____
2. Operator's Name: _____
3. Operator's Mailing Address: _____

4. Operator's Telephone (8:00 a.m. to 5:00 p.m. daily): _____
5. Booth Location & Dates/Time of Operation: _____

6. Are you claiming a permit exemption as (a) a non-profit corporation (i.e., you are exempt from paying NC or Federal taxes); or (b) raising funds for a political committee as defined in NCGS 162-278.6 (14); or (c) limiting operation in the State of North Carolina in two (2) consecutive days, once per month?
 - A permit will not be required for your operation:** Attach a copy of the exemption letter from the North Carolina Department of Revenue Services, or a letter from the candidate or political action committee authorizing you to act in this capacity, along with the information requested above
 - A permit will be required for your operation. **Please enclose a check or money order for \$75 to cover the fee for this service.** Continue with the application.
7. Menu: List all food items to be prepared and served. **(HOME PREPARATION OR STORAGE OF FOOD IS NOT PERMITTED.)**
8. Will all foods be prepared at the Temporary Food Establishment booth? If no, then where? _____
(Food not prepared on site must be prepared or obtained from a permitted facility.)
 - Yes
 - No
9. List sources of meat, poultry, seafood and shellfish:
10. List sources and methods of storing water: (vacuum breakers are required on all hose connections.)
11. List methods of storing and disposing of wastewater:

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- 12. List methods of storing and disposing of garbage:
- 13. List methods of storing and disposing of grease:
- 14. If booth will be set up on a surface other than asphalt or concrete, describe floor covering:
- 15. Describe how foods and coolers will be stored off the ground:

Statement: I/we certify the above information is complete and accurate:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Please remit to the following address:

Scotland County Health Department
P. O. Box 69
Laurinburg, NC 28353-0069

Telephone: (910) 277-2470, ext. 4423
FAX: (910) 277-2450