

Environmental Health Services

Jerry Parks MPH
Health Director

Ralph Hollowell, RS, LSS
Environmental Health Director



To: Event Food Service Vendor
From: Albemarle Regional Health Services (ARHS)
_____ 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 ARHS on this document is not a permit to operate and that such signature does not in any way ensure that the ARHS will ever issue a permit for operation of the establishment.

Signed: _____ Date: _____

ARHS Signature: _____ Date: _____

_____ This vendor **will** require a permit _____ This vendor **will not** require a permit

A \$50.00 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: O CHECK: _____ O CASH O MONEY ORDER O CHARGE

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