



## Madison County Health Department

◇ 493 Medical Park Drive ◇ Marshall, NC 28753 ◇

◇ Tel: 828-649-3531 ◇ Fax: 828-649-9078 ◇

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Marianna T. Daly, MD, MPH  
Medical Director

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Deputy Health Director

### **Requirements for all Temporary Food Event Vendors and Temporary Event Organizers In Madison County**

An application must be completed and submitted to the Madison County Environmental Health Department to provide information about all food preparation and sales to the public at any public event or exhibition within Madison County.

An application must be submitted no later than **30 days prior** to the event.

Please note a fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vender Application per event, unless you are exempt. If you are exempt you will need to provide documentation along with an Application for the Event.

A permit shall be issued by the Madison County Environmental Health Department once the Food Inspector has inspected your booth, kitchen, etc.

If you have any questions please call the Environmental Department at (822-649-9598).

Thank You,

Environmental Department

Madison County Public Health: *EveryWhere, EveryDay, EveryBody*



# Madison County Health Department

## Environmental Health

◇ 493 Medical Park Drive ◇ Marshall, NC 28753 ◇  
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇  
[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

### Checklist for Temporary Food Establishment Vendors

The following is a checklist to assist a vendor in setting up a Temporary Food Establishment (TFE). All items on the checklist are necessary to obtain a permit for a TFE; however, additional requirements may be applicable. All applications must be submitted to the Madison County Health Department (MCHD) **at least 30 days prior to the date of the event.**

#### Person in Charge

- Food safety education certification
- Available during all hours of food preparation

#### Employee Requirements

- Gloves
- Employee Health Policy Agreement
- Hat, hair net, or visor

#### Tent / Weather Proof Structure / Canopy

- Canopy over entire operation (smokers are not required to be under a canopy)

#### Fly Protection

- 3 solid or mesh sides
- Fly fans

#### Ground Covering

- Protection from dust / mud (in the absence of asphalt, concrete, or grass)

#### Water Supply

- Approved water source (requires testing by MCHD if private well)
- Drinking water hose(s) – must be labeled
- A means to heat water

#### Waste Water Disposal

- Buckets / grey water containers – must be labeled
- Disposal in approved sewage system or port-a-johns

#### Utensil Washing

- 3 basins (large enough to fit equipment)
- Drain board or counter space for air drying
- Soapy water, rinse water, sanitizer
- Sanitizer test strips

#### Hand Washing Station

- At least 2 gallons of hot water under pressure
- Free-flowing faucet / stopcock
- Soap and disposable towels
- Wastewater catch bucket – must be labeled

#### Approved / Protected / Secured food

- Approved source / food invoices
- Food storage above ground
- Separate vegetable washing sink (when preparing / serving ready-to-eat vegetables)

#### Food Temperatures

- Accurate food thermometer
- Cold holding: refrigeration / freezer / coolers with ice
- Hot holding equipment

#### Food Shields / Customer Barriers

- No food exposed to customers
- Approved self-service condiments

#### Lighting (for night-time operations)

- Shielded above food / preparation

*I certify that I will comply with the requirements listed above and any other requirements as described by MCHD while operating my Temporary Food Establishment.*

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Temporary Event Commissary Permit Application

This application must be completed and submitted to the Madison County Health Department (MCHD) to provide information about all food preparation and sales to the public at any public event or exhibition within Madison County. This Temporary Event Commissary application must be submitted with the corresponding Food Vendor Application **no later than 30 days prior to the event**. Please also note:

- No food preparation shall occur prior to receiving a permit from MCHD.
- No food preparation shall occur more than 7 days prior to the event.

1) Name of Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

2) Address of Event: \_\_\_\_\_  
Street City State Zip

3) Vendor Name: \_\_\_\_\_ Vendor Phone Number: \_\_\_\_\_

4) Commissary Name: \_\_\_\_\_

5) Commissary Address: \_\_\_\_\_  
Street City State Zip

6) Permission to Use Commissary Granted by\*: \_\_\_\_\_ Title: \_\_\_\_\_

7) Commissary Contact Information:

Day Time Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8) Date(s) of Advanced Preparation: \_\_\_\_\_

9) Source of Water for Commissary:  Public Water  On-site Private Well (Requires Testing by MCHD)

10) Waste Water System for Commissary:  Public Sewage  On-site Septic System

11) List of Food Items to be prepared by Commissary: \_\_\_\_\_

12) Method of Maintaining Proper Temperatures during Transport to Event:

Cooler with ice  Refrigerated Truck  Hot Holding Box  Other: \_\_\_\_\_

*I certify that the information on this application is complete and accurate. I understand that any changes to my operation must be submitted to the Madison County Health Department for review and approval prior to the day of the event.*

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\* I agree to allow \_\_\_\_\_ to use \_\_\_\_\_  
Vendor Name Commissary Name

*to prepare the food items listed above. I grant access to this facility to an authorized representative from MCHD for the purposes of issuing a TFE Commissary Permit and/or collecting water sample when necessary. I understand the preparation area for all TFE foods shall not be used for any other purposes during the operation dates listed on the TFE Commissary Permit. I certify that the information on this application is complete and accurate.*

Commissary Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be submitted with the corresponding Food Vendor Application to:  
Madison County Health Department  
Environmental Health**

**493 Medical Park Drive, Marshall, NC 28753 • Phone: (828) 649-9598**

Madison County Public Health: *EveryWhere, EveryDay, EveryBody*



# Madison County Health Department Environmental Health

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Tammy Cody, BS  
Deputy Director

Marianna Daly, MD, MPH  
Medical Director

### Temporary Food Event Vendor Application

This application must be completed and submitted to Madison County Health Department (MCHD) to provide information about all food preparation and sales to the public at any public event or exhibition within Madison County. Applications must be submitted no later than **30 days** prior to the event.

Please Note: A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application per event.

1) Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

2) Address of Event: \_\_\_\_\_  
Street City State ZIP

3) Name of Vendor: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

4) Vendor Business: \_\_\_\_\_

5) Vendor Business Address: \_\_\_\_\_  
Street City State ZIP

**\*\*Please Note: Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued\*\***

6) Date of Permitting: \_\_\_\_\_ Set-up Time: \_\_\_\_\_

7) Applicant Email Address: \_\_\_\_\_

8) Will Vendor prepare food prior to the event?  Yes  No If you checked "Yes" food will be prepared prior to the event\*, provide the name of the facility where food will be prepared:

Name of Prep Facility: \_\_\_\_\_ Date of Prep: \_\_\_\_\_ Time of Prep: \_\_\_\_\_

Address of Prep Facility: \_\_\_\_\_  
Street City State ZIP

\*Please Note: Advanced preparation may require a permit by MCHD for the preparation site.

9) As of September 1, 2012, the vendor/permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy?  Yes  No

10) Please check the box that best describes the source of water for your food booth:

- Public water supplied by organizer (requires food grade hose)
- Tap water supplied by vendor
- On-site private well (requires sampling by MCHD)
- Bottled Water supplied by vendor

11) Check the box that best describes the disposal method for the following:

Garbage:

- Waste can taken offsite
- Event dumpster
- Other: \_\_\_\_\_

Wastewater:

- Portable toilet at event
- Event grey water bin
- Other: \_\_\_\_\_

Grease:

- Grease taken offsite
- Event grease receptacles
- Other: \_\_\_\_\_

12) Check the box that best describes your equipment:

Cold Holding:

- Refrigerated truck
- Commercial refrigerator
- Freezer
- Other

Hot Holding:

- Chafing dishes
- Electric hot box
- Grill
- Other: \_\_\_\_\_

Utensil Washing:

- 3 utility sinks
- 3-comp sink
- 3 basins
- Other: \_\_\_\_\_

Hand Washing Set-Up:

- Mechanical sink
- Gravity flow set-up
- Other: \_\_\_\_\_

13) Will ready-to-eat produce (vegetables or fruit) be prepared in your food booth?  Yes (**requires** prep sink)  No

14) Provide a complete list of all food/menu items in chart below and check “Advanced Preparation” if food/menu item will be prepared prior to the event or check “Prepared at Event” if no advance preparation is needed. Check both “Advanced Preparation” and “Preparation at Event” if food/menu item requires both types preparation.

Please include all add-on items such as lettuce, tomato, onion, etc. (e.g., Hamburgers with cheese, lettuce, tomato, etc.)

Food/Menu Items	Advanced Preparation*	Prepared at Event
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Please note: Food preparation may not exceed more than 7 days prior to the event.

15) Check the box which describes your food booth set up:

- 3 sided-tent
- Tent with fans
- Mobile food unit
- Other \_\_\_\_\_

16) On a separate piece of paper, please provide a simple drawing of your booth layout complete with equipment and table placements. If you would like an example, one can be provided upon request

I certify that the information in this application is complete and accurate. I understand that:

- Any changes to my operation must be submitted to the Madison Couth Health Department for review and approval prior to the day of the event
- All potentially hazardous foods (PHF) that I am serving must be maintained at approved temperature (41°F or below for cold food and 135°F or above for hot food) during transport, holding and/or service.
- Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

# TFE Set-Up Example

