



## Madison County Health Department Environmental Health

◇ 5707 US Hwy 25/70, Suite 26 ◇ Marshall, NC 28753 ◇

◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇

[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

Tammy Cody, MHS  
Health Director

Melissa Robertson, MD  
Medical Director

### Requirements for all Temporary Food Establishment Vendors and Event Organizers

An application must be completed and submitted to Madison County Environmental Health to provide information about all public food service for pay that are affiliated with and endorsed by a transitory fair, carnival, circus, festival, public exhibition, or agritourism business 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 TFE Vendor 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 Madison County Environmental Health once the Environmental Health Specialist has inspected your operation.

This packet contains the following:

1. Requirements for TFE Vendors and Event Organizers
2. Event Organizer Application *(required)*
3. Vendor Checklist *(required)*
4. Vendor Application *(required)*
5. Commissary Application *(if applicable)*
6. Example setup

If you have any questions, please call or email us at the information above.

Thank You,

Madison County  
Environmental Health



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## TFE Event Organizer 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. In addition to this organizer application, a separate Food Vendor Application must be submitted by each food service vendor participating in the event or exhibition. This application must be submitted with a map of the event site indicating the location of all of the food booths. Please note:

- This application, map, and Food Vendor Application(s) must be submitted **no later than 30 days prior to the event.**
- 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.

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

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

3) Event Date(s): \_\_\_\_\_

4) Organizers Name: \_\_\_\_\_ Organizers Phone: \_\_\_\_\_

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

6) Additional Organizer Contacts: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

7) Organizer Email: \_\_\_\_\_

8) Number of Anticipated Food Booths: \_\_\_\_\_ 9) Date/Time of Food Booth Set Up: \_\_\_\_\_

10) Source of Water for Food Booths (check the box which applies for all food vendors):

- Public Water Supplied by Organizer  Water Supplied by Food Vendor  
 On-Site Private Well (requires testing by MCHD)  Other: \_\_\_\_\_

11) Check the following items supplied for the food booths by the organizer:

- Electricity  Refrigeration  Toilet facilities  Drinking Water Hose(s)  
 Recycling  Garbage Pick-up  Grease disposal  Waste Water Disposal

12) Will the event include a petting zoo or pony rides?  Yes\*  No

\* If "yes", how many hand wash facilities will be available? \_\_\_\_\_

*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 County Health Department for review and approval prior to the day of the event.*

Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this application, all Food Vendor Applications, permit fee(s) and event map**



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## 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 Food Establishment 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.

A fee of \$75.00 must be paid with the submission of each TFE Vendor Application per event. Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued.

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

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

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

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

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

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

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

8) Will Vendor prepare food prior to the event? Yes or No? If you circled "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

<input type="checkbox"/> Public water supplied by organizer (requires food grade hose)	<input type="checkbox"/> Tap water supplied by vendor
<input type="checkbox"/> On-site private well (requires sampling by MCHD)	<input type="checkbox"/> Bottled Water supplied by vendor

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

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



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

<p><u>Garbage:</u></p> <input type="checkbox"/> Waste can taken offsite <input type="checkbox"/> Event dumpster <input type="checkbox"/> Other: _____	<p><u>Wastewater:</u></p> <input type="checkbox"/> Portable toilet at event <input type="checkbox"/> Event grey water bin <input type="checkbox"/> Other: _____	<p><u>Grease:</u></p> <input type="checkbox"/> Grease taken offsite <input type="checkbox"/> Event grease receptacles <input type="checkbox"/> Other: _____
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13) Check the box that best describes your equipment:

<p><u>Cold Holding:</u></p> <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Commercial fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Other: _____	<p><u>Hot Holding:</u></p> <input type="checkbox"/> Chafing dishes <input type="checkbox"/> Electric hot box <input type="checkbox"/> Grill <input type="checkbox"/> Other: _____	<p><u>Utensil Washing:</u></p> <input type="checkbox"/> Mechanical sink <input type="checkbox"/> 3-comp sink <input type="checkbox"/> 3 basins <input type="checkbox"/> Other: _____	<p><u>Hand Washing Set-Up:</u></p> <input type="checkbox"/> 3 utility sinks <input type="checkbox"/> Gravity flow set-up <input type="checkbox"/> Other: _____
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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. 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 of 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"/>

\*Food preparation date may not exceed 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: \_\_\_\_\_



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## TFE 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 Commissary application must be submitted with the corresponding Mobile Food Unit/Pushcart 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) TFE Manager: \_\_\_\_\_ TFE Phone Number: \_\_\_\_\_

2) Commissary Name: \_\_\_\_\_

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

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

5) Commissary Contact Information:

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

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

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

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

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

10) 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.*

TFE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\* I agree to allow \_\_\_\_\_ to use \_\_\_\_\_  
(TFE Manager) (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 MFU/Pushcart Commissary Permit and/or collecting water sample when necessary. I understand the preparation area for all MFU/Pushcart foods shall not be used for any other purposes during the operation dates listed on the MFU/Pushcart 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 TFE Application.**

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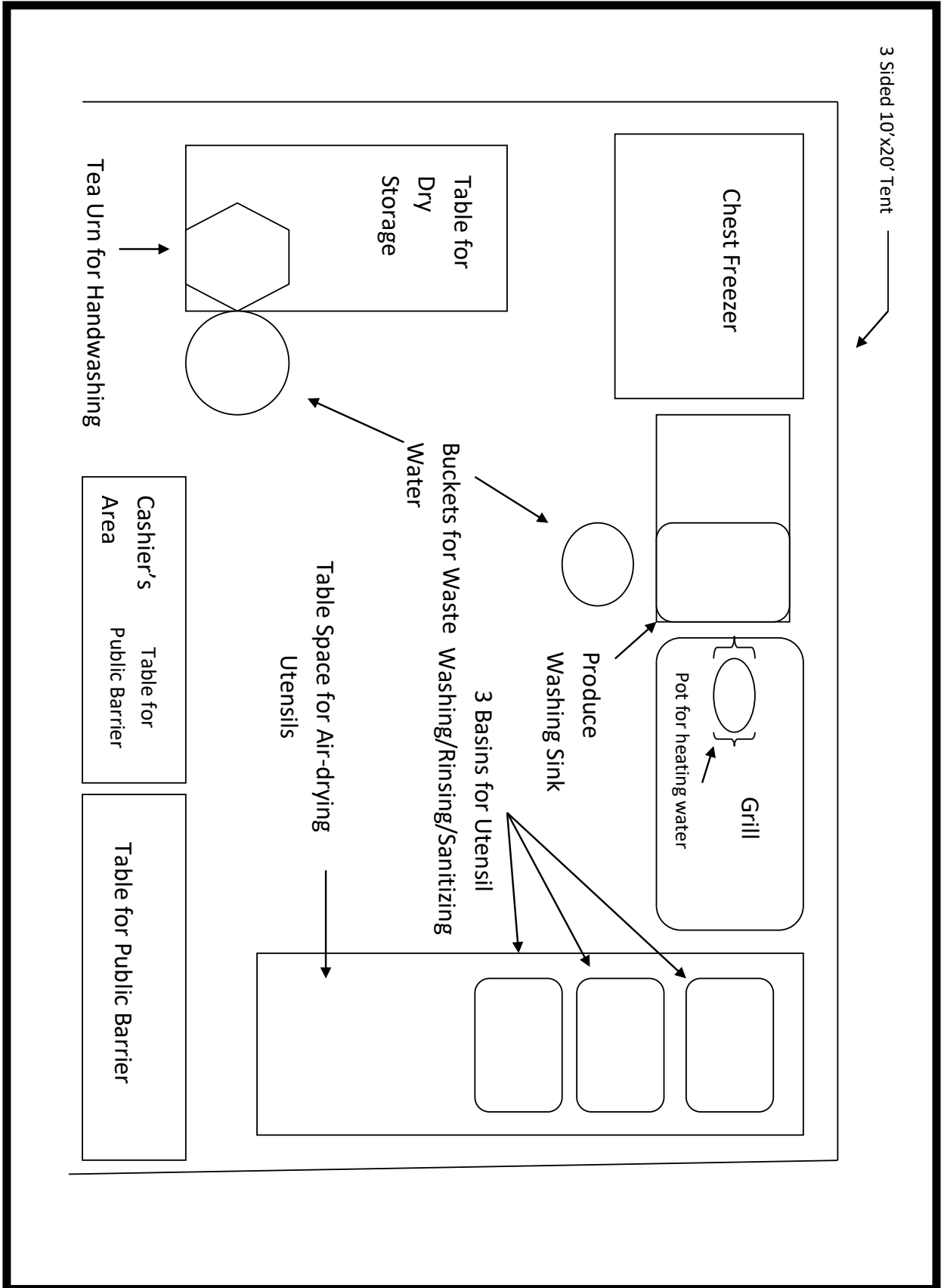
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TFE Set-Up Example