

# Stokes County Health Department



PO Box 187  
1009 N Main Street  
Danbury, NC 27016  
(336) 593-2400

Tammy Martin, MS MPH, Health Director  
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## Event Organizer Application

Applications may be submitted by mail, email, or in office.

**Mail to:** PO Box 187. Danbury, NC 27016

**Email to:** Billie Young - [byoung@co.stokes.nc.us](mailto:byoung@co.stokes.nc.us)

**In office:** 1014 Main Street. Danbury, NC 27016. (3<sup>rd</sup> Floor)

We request you to provide the following information to assist us in promoting and protecting public health at our local events. Please remember each food vendor must apply for a Temporary Food Establishment (TFE) permit. It is essential to note that *failure to obtain a food permit is a violation of NCAC 18A .2602, constituting a misdemeanor in the State of North Carolina*. The event organizer is responsible for submitting the organizer application **fourteen (14) days** before the event to ensure an inspector is available. Any applications not submitted 14 days prior to the event are subject to rejection.

**Organizer Name:** \_\_\_\_\_

**Organizer Address:** \_\_\_\_\_  
Street City State Zip

**Organizer Telephone:** \_\_\_\_\_ **Alt. #:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Event Dates:** \_\_\_\_\_ **Event Hours:** \_\_\_\_\_

**Event Coordinator Phone #:** \_\_\_\_\_ (coordinator that will be on-site at event)

**Event Coordinator E-mail:** \_\_\_\_\_

**Number of Food Vendors:** \_\_\_\_\_

**Food Vendor Set-up Times:** \_\_\_\_\_

**Will the organizer supply water to food vendors?**       Yes       No

If yes, please check one of the following:

Public water supply by organizer       Water supplied by food vender

On-site private well (Must have prior approval)       Bottled water

**Please Indicate Liquid and Solid Waste Disposal Provided to Food Vendors:** (check all that apply)

**Garbage:**

Garbage Cans       Dumpster       Carry off-site       Other: \_\_\_\_\_

**Wastewater:**

Portable toilet       Gray water bin       Carry off-site       Other: \_\_\_\_\_

**Grease:**

Event grease receptacle       Carry off-site       Other: \_\_\_\_\_

*Note: Grease and wastewater Shall Not be dumped into storm drains or on the ground.*

**Will the organizer supply electricity to food vendors?**       Yes       No

**Will the organizer supply refrigeration to food vendors?**       Yes       No

If yes, please describe: \_\_\_\_\_

⚡ Please attach a layout/map of the event grounds with food vendor locations and any other vendors that may be subject to public health review. Page 3 of this application must be filled out completely.

⚡ I certify that the provided information within this application is complete and accurate, and I understand that changes to this application prior to the event without approval from Stokes County Environmental Health may result in denial of food vendor permits. Also, I understand that all pre-opening/operating inspections for each food vendor shall be completed and if the food vendor is not in compliance with 15A NCAC 18A .2665 a food permit will not be issued.

Applicant Name: \_\_\_\_\_  
Print

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Sign

Date: \_\_\_\_\_

Office Use Only	
<b>EHS Signature:</b>	<b>Date:</b>
Comments:	

