Guilford County Department of Public Health
Application for a Temporary Food Service Permit

Event Information

Name of Special Event _____
Date(s) & Time of Event _____
Event Location _____

A non-refundable fee of $75 dollars must accompany all Temporary Food Service applications. Applications must be submitted a minimum of 4 weeks prior to the scheduled event.

Food Vendor Information

Name of Concession _____
Owner/Contact Person _____
Phone Numbers _____ **Cell:** _____
Street Address _____
City/State _____ **Zip Code** _____

Enclosure Type: Trailer _____ **Booth _____** **Tent _____**

Sanitizer type : **Method of hot water production:**
Refrigeration Type: **Operational Details**
Type/Quantity of Sinks:

Menu Items (Foods requiring no preparation, which is Individually Quick Frozen foods ready to cook, are preferred. Other foods are considered on a case-by-case basis.):

_____
_____
_____
_____

Please draw an intended layout for your Temporary Food Service

By signing below, I acknowledge the provided information is true and accurate to the best of my knowledge. I understand that failure to comply with Temporary Food Establishment Regulations may result in the denial/suspension of my permit to operate for this event.

Signature _____ ***Date:*** _____

All applications and fees will be received at 1203 Maple Street, Greensboro, NC 27405. Please call 336-641-7777 with any questions.

----------For official use only---------- Jan. 07
Date/ Time Released for Vendor's License:
Other details: