

Bladen County Health Department

P.O Box 189-300 Mercer Mill Rd

Elizabethtown, NC 28337

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TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Application Fee is (\$75.00) *Note: If non-profit, tax exempt or political fund raising group then attach documentation for exemption consideration

Event Information

Event Name/ Location _____

Event Coordinator _____

Set-up Date and Time _____

Event Dates ____/____/____ Time _____ Ending ____/____/____ Time _____

Vendor Information

Organizational/business Name _____

Contact Person _____ (Phone) () ____ - ____ (Cell) () ____ - ____

Address _____ (Fax) () ____ - ____ (Pager) () ____ - ____

City _____ State _____ Zip _____

Menu: _____

Food Sources (i.e. Supermarket or Food Distributor) _____

***MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED**

Applicant's
Signature _____ Date: _____

Specialist's Signature _____ Date: _____

FOR ENVIRONMENTAL HEALTH SECTION USE

_____ Permit is Required

_____ Permit in not Required-exempt under GS 130A-250(7) or food items not regulated under 15A NCAC 18A .2600