Columbus County

HEALTH DEPARTMENT

TELEPHONE 910-640-6617

Event Information



TELEFAX 910-641-0766

TEMPORARY FOOD SERVICE PERMIT APPLICATION

Applications closed 15 days prior to the event, and no less than 3 days for substitute vendors. Submit the required \$75.00 permit fee along with this application. Make checks payable to Columbus County Health Department. Do not send cash in mail. The permit fee will not be collected on the day of the event.

Event Name
Location
Event Coordinator
Address
City
Phone Another phone where you can be reached
Dates Starting // Time Ending Time
Vendor <u>Information</u>
Organization/Business Name:
Contact Name:
Address:
Phone(include cell):
Fax: *Note: If non-profit, tax exempt or a political fund raising group then attach
documentation for exemption consideration.
documentation for exemption consideration.
PROPOSED MENU:
*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED.
*ATTACH A PROPOSED SITE LAY OUT AND EQUIPMENT TO BE USED.
Applicant's Signature
Contacts
Columbus County Health Department, Division of Environmental Health, PO Box 81O,

Whitevi I le, NC 28472 Phone # (910) 640-6617, Fax # (910) 641-0766