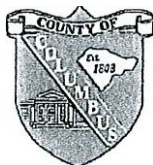


Columbus County

HEALTH DEPARTMENT

TELEPHONE
910-640-6617



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 Information

Event Name _____
Location _____
Event Coordinator _____
Address _____
City _____
Phone _____ Another phone where you can be reached _____
Dates Starting ___/___/___ Time _____
Ending _____ Time _____

Vendor Information

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.

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 810,
Whiteville, NC 28472 Phone # (910) 640-6617, Fax # (910) 641-0766