HERTFORD COUNTY PUBLIC HEALTH AUTHORITY

P.O. BOX 246 WINTON, NC 27986 801 NORTH KING STREET (252) 358-7833 FAX (252) 358-7869

| Го: | Event Food Service Vendor | • |
|-------------------------------|---|--|
| From: | Hertford County Public Health A | nthority (HCPHA) |
| Re: | Request for Permit | |
| Please comp | lete all of the following items: | |
| Name: | | |
| | | |
| | one: | |
| Name of eve | nt: | |
| Dates of eve | nt: | Location of event: |
| Length of ev | vent: DORS NOT READY WITHIN 30 MIN | Time you will be set up for inspection: OF THIS TIME WILL NOT RECEIVE A PERMIT |
| Proposed M | | |
| Yes □ No | | ? If yes, please list Federal Tax ID Number: |
| | ☐ Have you sold or do you plan to see proposed event? | ell food at another event anywhere in the state of North Carolina within the |
| | that if I operate for more than two cormay be required to obtain a permit fro | secutive days anywhere in North Carolina within the same month of the propos in the local health department. |
| I understand does not in a | that the signature of any employee of any way ensure that the HCPHA will e | the HCPHA on this document is not a permit to operate and that such signature ver issue a permit for operation of the establishment. |
| Signed: | | Date: |
| | nature: | |
| This v | endor will require a permit | This vendor will not require a permit |
| Please cons | sult with your local EHS <u>prior to</u> |) fee is required for temporary permits. submitting payment to ensure proper application is made. O REFUNDS NO EXCEPTIONS |
| | | FOR OFFICE USE |
| Date of Payr | nent: | O CASH O MONEY OPDED |

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| Го: | Event Food Service Vendor | | * | | | |
| From: | Hertford County Public Health ACounty | uthority (HCPHA) | • | | | |
| Re: | Request for Permit | | | | | |
| Please complet | te all of the following items: | | | | | |
| Name: | | - | | | | |
| Address: | | | | | | |
| | | | | | | |
| Daytime Phon | e: | | - | | | |
| Name of event | | | | | | |
| Dates of event | ; | Location of event: | | | | |
| Length of ever | nt:ORS NOT READY WITHIN 30 MIN | Time you will be s | et up for inspection: | · . | | |
| | nu: | | , | | | |
| Yes □ No □ | Are you a non-profit organization | | | _ | | |
| | Have you sold or do you plan to s proposed event? | ell food at another event anywho | ere in the state of North Carolin | na within the | | |
| | at if I operate for more than two con ay be required to obtain a permit fro | | h Carolina within the same mo | nth of the proposed | | |
| I understand the does not in an | at the signature of any employee of y way ensure that the HCPHA will e | the HCPHA on this document is ever issue a permit for operation | s not a permit to operate and the of the establishment. | at such signature | | |
| Signed: | | Date: | | | | |
| HCPHA Signa | ture: | | Date: | | | |
| This ven | dor will require a permit | This vendo | or will not require a permit | | | |
| Please consu | lt with your local EHS <u>prior to</u> N | O REFUNDS NO EXCEPT | sure proper application is | made. | | |
| D-4 CD- | | FOR OFFICE USE | | | | |
| Method of Pay | nt: | O CASH O MONEY O | RDER | | | |