

Environmental Health Services

Jerry Parks MPH
Health Director

Ralph Hollowell, RS, LSS
Environmental Health Director



To: Event Food Service Vendor
From: Albemarle Regional Health Services (ARHS)
Pasquotank County
Re: Request for Permit

Please complete all of the following items:

Name: _____

Address: _____

Daytime Phone: _____

Name of event: _____

Dates of event: _____ **Location of event:** _____

Length of event: _____ **Time you will be set up for inspection:** _____

Note: Vendors not ready within 30 min. of this time will not receive a permit

Proposed Menu: _____

Yes No Are you a non-profit organization? If yes, please list Federal Tax ID Number: _____

Yes No Have you sold or do you plan to sell food at another event anywhere in the state of North Carolina within the month of the proposed event?

I understand that if I operate for more than two consecutive days anywhere in North Carolina within the same month of the proposed event that I may be required to obtain a permit from the local health department.

I understand that the signature of any employee of the ARHS on this document is not a permit to operate and that such signature does not in any way ensure that the ARHS will ever issue a permit for operation of the establishment.

Signed: _____ Date: _____

ARHS Signature: _____ Date: _____

____ This vendor **will** require a permit ____ This vendor **will not** require a permit

A \$75.00 fee is required for temporary permits. Please consult with your local EHS prior to submitting payment to ensure proper application is made.

**Application with payment must be received at least two weeks prior to event
NO REFUNDS NO EXCEPTIONS**

FOR OFFICE USE

Date of Payment: _____

Method of Payment: O CHECK: _____ O CASH O MONEY ORDER O CHARGE