

Columbus County

HEALTH DEPARTMENT

TELEPHONE
910-640-6615



TELEFAX
910-640-1088

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 _____ (Phone) (____) _____

Dates Starting ___/___/___ Time _____ Ending ___/___/___ Time _____

Vendor Information

Organization/Business Name _____

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

Address _____ (Fax) (____) _____ - _____

City _____ State _____ Zip _____

*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

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