

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 \_\_\_\_\_ (Phone) ( ) \_\_\_\_\_  
City \_\_\_\_\_ (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**

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