

TEMPORARY FOOD SERVICE APPLICATION

Health Department
(Application Closed One Week Prior To Event)

EVENT INFORMATION

Event Name: The NC Strawberry Festival

Event Coordinator: Andy Joe Hammond

Location: Chadbourn, NC

Set Up Date & Time: May 5, 2102 7:30 AM – 9:30 AM

Dates Starting: 05/05/12 Time: _____ Ending: 05/05/12 Time: 7:30 AM- Until

VENDOR INFORMATION

Organization/ Business Name: _____

Contact Name: _____

Phone: _____ Cell: _____

FAX: _____ Pgr: _____

Address: _____

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.

Applicant's Signature: _____

Specialist's Signature: _____

Contacts:

Columbus County Health Department, Division of Environmental Health, PO Box 810,
Whiteville, NC 28472 / Phone: 910-640-6617

For Further info, you may call Brandon Grigsby at the Health Department @ 9:00 AM Monday-Friday.