**Jackson County Department of Public Health**

**Environmental Health - (828) 587-8250**

**Temporary Food Event Commissary Application**

This application must be completed and submitted to the Jackson County Department of Public Health (JCDPH) to provide information about food preparation and sales at a public event. A Temporary Food Establishment (TFE) Commissary permit is required to allow a TFE to use the premises to prepare and store food prior to a special event.

* Applications must be submitted at least 15 days prior to food preparation at a commissary.
* Applications may be mailed, faxed, or submitted directly to the Environmental Health Office of JCDPH at 154 Medical Park Loop, Sylva, NC 28779
* No food preparation shall occur prior to receiving a permit from JCDPH.
* No food preparation shall occur more than 7 days prior to the event.

1. Name of Event: Click here to enter text.
2. Address of Event: Click here to enter text.

Street, City, State, Zip

1. Name of Vendor: Click here to enter text.
2. Vendor Phone Number: Click here to enter text. Email: Click here to enter text.
3. Commissary Name: Click here to enter text.
4. Commissary Address: Click here to enter text.

Street, City, State, Zip

1. Permission to Use Commissary Granted by: Click here to enter text. Title: Click here to enter text.
2. Commissary Contact Information: Click here to enter text.

Day Phone: Click here to enter text. Email: Click here to enter text.

1. Date(s) of Advanced Preparation: Click here to enter text. Time(s): Click here to enter text.
2. Source of Water for Commissary

Public Water  On-site Private Well

1. Waste Water System for Commissary

Public Sewage  On-site Sewage

1. List Food Items to be prepared at the Commissary:

|  |  |
| --- | --- |
| Food Item | Location in Facility of Preparation; Equipment Used in Facility |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. Method of maintaining proper holding temperatures during transport to the event? If you answer “Other” please describe in the space provided.

Cooler with Ice  Refrigerated Truck  Hot Holding Box  Other: Click here to enter text.

*I certify that the information on this application is complete and accurate. I understand that any changes to my operation must be submitted to the JCDPH for review and approval prior to the day of the event.*

Vendor Signature                                                                            Date

I agree to allow                                                                      to use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Vendor Name) (Commissary Name)

To prepare the food items listed above, I will grant access to this facility to an authorized representative from JCDPH for the purposes of issuing a TFE Commissary Permit and/or collecting water samples when necessary. I certify the information on this application is complete and accurate.

Commissary Representative Signature                                                               Date

**This application must be submitted with the corresponding Food Vendor Application to the Jackson County Department of Public Health.**

**For Health Department Use Only**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_

Establishment ID Number Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned REHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Permit Issued: \_\_\_\_\_\_\_\_\_\_\_\_