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 3) Name of Vendor: Click here to enter text. 4) Vendor Phone Number: Click here to enter text. Email: Click here to enter text. 5) Commissary Name: Click here to enter text. 6) Commissary Address: Click here to enter text. Street, City, State, Zip 7) Permission to Use Commissary Granted by: Click here to enter text. Title: Click here to enter text. 8) Commissary Contact Information: Click here to enter text. Day Phone: Click here to enter text. Email: Click here to enter text. 9) Date(s) of Advanced Preparation: Click here to enter text. Time(s): Click here to enter text. 10) Source of Water for Commissary ☐ Public Water ☐ On-site Private Well 11) Waste Water System for Commissary

☐ On-site Sewage

☐ Public Sewage

12) 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.

please d	escribe in the space provided.		oort to the event? If you answer "C		
	e information on this application in the submitted to the JCDPH for re		e. I understand that any changes to the day of the event.	o my	
Vendor Signatu	re	Date			
I agree to allow	(Vendor Name)	to use(Commissary Name)		
To prepare the f	Food items listed above, I will gran	nt access to this facility issary Permit and/or col	to an authorized representative from	m	
Commissary Re	presentative Signature		Date		
This applica		e corresponding Food `artment of Public Hea	Vendor Application to the Jacks	on	
For Health Department Use Only					
	Date Application Received: Establishment ID Number Assigned: Assigned REHS:	By: : Date Per	mit Issued:		
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