



New Hanover County
Health Department
Environmental Health Services
230 Government Center Dr., Suite 140
Wilmington, NC 28403



Telephone (910) 798-6667, Fax (910) 798-7815

EV# _____

COUNTY SPECIAL EVENT FOOD APPLICATION

Please complete if this is a

- Non-Profit Event with 3 or more food vendors**
- Only providing free samples**
- Serving non-potentially hazardous foods such as cotton candy or popcorn**

Name of Event: _____

Location of Event: _____

Event Date(s): _____ **Hours of Operation:** _____

Name of Booth/Establishment/Vendor: _____

Person-in-Charge of Food Booth _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

The following items must be submitted with the application:

- 1. Labeled floor plan showing all equipment including:**
 - a. **food preparation areas,**
 - b. **cleaning areas,**
 - c. **hand wash station,**
 - d. **storage areas,**
 - e. **sneeze guards**
- 2. Menu with procedures on how the food will be prepared**

I certify that the information in this application is correct and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Name: _____ **Signature:** _____ **Date:** _____