



Temporary Event Commissary Permit Application

This application must be completed and submitted to Mecklenburg County Health Department (MCHD) to provide information about all food prepared for sale to any public event or exhibition within Mecklenburg County. Temporary food vendors must have or obtain food service permits in order to prepare food in advance, or off-site from the event. This Temporary Event Commissary application must be submitted with the corresponding Temporary Food Vendor Application **no later than 15 days prior to food preparation**.

- Temporary Event Commissary permit applications and \$75 must be submitted to the county health department where the commissary is located no later than **15 days prior to food preparation**.
- The temporary commissary must comply with 15A NCAC 18A .2665 through .2669
- No food preparation shall occur prior to receiving a permit from the local health department.
- No food preparation shall occur more than 7 days prior to the event. Food prepared outside of NC does not qualify for a NC commissary permit. Contact MCHD for more information.

1) Name of Event: _____ Dates of Event: _____

2) Address of Event: _____

Street City State Zip

3) Vendor Name: _____ Vendor Phone: _____

4) Commisary Name: _____ Organizer Phone: _____

5) Commissary Address: _____

Street City State Zip

6) Permission to Use Commissary Granted by*: _____ Title: _____

7) Commissary Contact: _____ Phone: _____ Email: _____

8) Date(s) of Advanced Preparation: _____

9) Source of Water for Commissary:
☐ Public Water ☐ On-site Private Well ***(requires sampling by MCHD at least 2 weeks prior to event or back up water source)***

10) Waste Water System for Commissary:
☐ Public Sewage ☐ On-site Septic System

12) Method of Maintaining Proper Temperature During Transport to Event:
☐ Cooler with Ice ☐ Refrigerated Truck ☐ Hot Holding Box ☐ Other: _____

STATEMENT: 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 Mecklenburg County Health Department 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 grant access to this facility to an authorized representative from MCHD for the purposes of issuing a TFE Commissary Permit and/or collecting water samples when necessary. I understand the preparation area for all TFE foods shall not be used for any other purposes during the operation dates listed on the TFE Commissary Permit. I certify that the information on this application is complete and accurate:

Commissary Representative: _____

Date: _____

THIS APPLICATION MUST BE SUBMITTED WITH THE CORRESPONDING FOOD VENDOR APPLICATION TO:
Mecklenburg County Health Department, 3205 Freedom Drive, Ste. 8000, Charlotte, NC • 28208 | Phone: (980) 314-1620