



Mecklenburg County Public Health

Temporary Event Commissary Permit Application

This application must be completed and submitted to Mecklenburg County Public Health (MCPH) to provide information about all food preparation and sales to the public at any public event or exhibition within Mecklenburg County. This **Temporary Event Commissary application must be submitted with the corresponding Food Vendor Application no later than 15 days prior to the event.** Please also note:

- No food preparation shall occur prior to receiving a permit from MCPH.
- No food preparation shall occur more than 7 days prior to the event.

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

2) Address of Event: _____
Street City State Zip

3) Vendor Name: _____ Vendor Phone: _____

4) Commissary Name: _____

5) Commissary Address: _____
Street City State Zip

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

7) Commissary Contact Information:

Day Time Phone: _____ Email: _____


8) Date(s) of Advanced Preparation: _____

9) Source of Water for Commissary: _____ 10) Waste Water System for Commissary: _____
Public Water On-site Private Well (Requires Testing by MCPH) Public Sewage On-site Septic System

11) List of Food Items to be prepared at Commissary: _____


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

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 Public Health 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 MCPH 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 Public Health,
3205 Freedom Drive, Ste. 8000, Charlotte, NC • 28208 • Phone: (980) 314-1620**