

**APPLICATION FOR  
TEMPORARY FOOD ESTABLISHMENT COMMISSARY**

Brunswick County Health Services, Environmental Health Section  
25 Courthouse Drive NE ▪ P. O. Box 9 ▪ Bolivia, NC 28422  
(910)253-2150

Email: [flplans@brunswickcountync.gov](mailto:flplans@brunswickcountync.gov)

This application must be completed and submitted to Brunswick County Environmental Health if food will be prepared off-site or in advance of an event where a Temporary Food Establishment (TFE) permit will be issued. If the event is in Brunswick County, submit this commissary application with the corresponding TFE permit application. A \$75 TFE Commissary Permit fee applies.

This application is due **no later than 15 days prior to the event**. Please also note:

- Food preparation may occur no more than 7 days prior to the event.
- A site visit will be made to evaluate the proposed commissary prior to issuing the permit. A permit must be issued prior to food preparation at the commissary.

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Permission to Use Commissary Granted by\*: \_\_\_\_\_ Title: \_\_\_\_\_

Commissary Contact Phone/Email: \_\_\_\_\_

Commissary Water Source:  Public Water  On-site Private Well (Requires testing BCEHS)

Commissary Wastewater System:  Public Sewer  On-site Septic System

Date(s) of advanced preparation: \_\_\_\_\_

Foods and preparation steps at commissary: \_\_\_\_\_

Method of maintaining proper food temperatures during transport to event: \_\_\_\_\_

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

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*\*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 BCEHS for the purposes of issuing a TFE Commissary Permit and/or collecting water samples when necessary. I certify that the information on this application is complete and accurate:*

Commissary Representative: \_\_\_\_\_ Date: \_\_\_\_\_