

**REQUEST FOR LICENSE EXEMPTION
NON-PROFIT ORGANIZATION TEMPORARY FOOD SERVICE ESTABLISHMENT
OR POLITICAL SUBDIVISION - SCHOOL
(To be completed at least two (2) weeks before event or function)**

GENERAL INFORMATION

This application is for ____ Non-profit organization
____ Political subdivision - school

Date of application _____

Organization's Name _____

Contact Individual _____

Mailing Address of Organization _____

_____ Phone _____

Address of kitchen site _____

_____ Phone _____

Contact Individual for kitchen _____

I certify that the above named organization qualifies as a non-profit, tax-exempt organization as allowed under 26 USC 501.

Signature _____ Date _____

Event Information to be completed for each location

1. Event name _____

Location _____

Dates of use _____

Menu (No foods from home kitchens allowed/Bake Sale Waivers available from Health Department)

Use back of this sheet for additional events not to exceed 14 days per calendar year.

This license exemption is ____ approved as per above comments, ____ denied.

Sanitarian _____ County _____

Additional Event Information

1. Event name _____
Location _____
Dates of use _____

Menu (No foods from home kitchens allowed/Bake Sale Waivers available from Health Department)

_____	_____
_____	_____
_____	_____

2. Event name _____
Location _____
Dates of use _____

Menu (No foods from home kitchens allowed/Bake Sale Waivers available from Health Department)

_____	_____
_____	_____
_____	_____

3. Event name _____
Location _____
Dates of use _____

Menu (No foods from home kitchens allowed/Bake Sale Waivers available from Health Department)

_____	_____
_____	_____
_____	_____

Use another sheet of paper to list additional events.