



SANDERS COUNTY ENVIRONMENTAL HEALTH REQUEST FOR BAKE SALE WAIVER

To be completed at least 2 weeks before the event.

EVENT NAME _____

DATE _____

ORGANIZATION'S NAME _____

CONTACT INDIVIDUAL _____

MAILING ADDRESS _____ TOWN _____ ZIP _____

PHONE FOR CONTACT INDIVIDUAL _____

I certify that the above named organization qualifies as a non-profit organization or that the event is exclusively for a charitable community purpose. I also agree to the following conditions to qualify for a waiver:

- vendors allow no participation of persons with any communicable disease transmissible by food.
- vendors maintain a list of home bakers and items they donate to the event.
- vendors limit the type of homemade food sold or offered to the following:

- | | | | |
|------------------------------|--------------------------|----------|---------|
| CAKES | COOKIES | CUPCAKES | BREADS |
| FRUIT PIES | COFFEE/TEA | CANDIES | POPCORN |
| FRUIT JAMS/JELLIES/PRESERVES | PREPACKAGED JUICE OR POP | | |

(Circle the items for sale above)

NOTE: Full sugar fruit pies/jams/jellies/preserves only. Cream or whipped cream, custard or meringue fillings or toppings are prohibited. No pumpkin pies or pepper jams or jellies, no freezer jams or jellies. Frostings made with uncooked eggs are prohibited.

Signature of contact individual _____ Date _____

Sanitarian's signature _____ Date _____

Return at least 2 weeks prior to the event. For additional dates, list on the back of this sheet.

IN THE EVENT OF A COMMUNICABLE DISEASE PROBLEM OR A SIGNIFICANTLY HAZARDOUS FOOD OR FOOD HANDLING PRACTICE OCCURS, THE SANITARIAN CAN REVOKE THIS WAIVER.

