



**REQUEST FOR LICENSE EXEMPTION
NON PROFIT ORGANIZATION TEMPORARY FOOD SERVICE ESTABLISHMENT**

To be completed at least 2 weeks before the event

GENERAL INFORMATION

Name of function or event _____

Organization's Name _____

Contact Individual _____ Phone# _____

Mailing address of Organization _____

City _____ Zip _____

I certify the above named organization is a non-profit organization or is providing a fundraiser exclusively for a charitable community event.

Signature _____ Date _____

REQUIRED FOOD SERVICE INFORMATION

Location of food service _____

Dates of food service _____ Hours of operation _____

Licensed Preparation Kitchen _____

Contact individual for food preparation _____ Phone# _____

MENU (no foods from home kitchens allowed; bake sale waivers available-please request)

Sanitarian Comments:

This license exemption is _____ approved per above comments _____ denied

Sanitarian _____ Date _____

