



SANDERS COUNTY ENVIRONMENTAL HEALTH REQUEST FOR BAKE SALE WAIVER

To be completed at least 2 weeks before the event.

This waiver Must be posted at the event!

EVENT NAME _____

EVENT DATE / DATES _____

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 _____

Environmental Health Approval: _____ Date _____

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

Sanders County Environmental Health Bake Sale Waiver

Fill out with name and address of individual contributing items to the bake sale, and return the completed form within two weeks after the bake sale to:

**Sanders County Environmental Health
PO Box 519
Thompson Falls, MT 59873**

Contributor:

Phone:

Item: