

(name of county health dept.)

**APPLICATION FOR TEMPORARY NONPROFIT
FOOD SERVICE PERMIT**

Complete in duplicate and forward the original along with a copy of I.R.S. Form 501C or a letter determining tax-exempt status form the Georgia Commissioner of Revenue to the County Health Department in which the Temporary Nonprofit Food Service will be located.

Name of Temporary Nonprofit Food Service _____

Location of this Food Service _____

Name of Fair, Festival or Event if different than above _____

Owner _____

Operator _____

Address of Owner _____
(Street or RFD) (City) (State) (Zip Code)

Telephone Number of Owner _____

(Date Operation To Begin)

(Date Operation To End)

The undersigned hereby applies for a permit to operate a Temporary Nonprofit Food Service Establishment pursuant to the O.C.G.A. 26-2-390 thru 26-2-393. A copy of I.R.S. Form 501C or a letter determining tax-exempt status from the Georgia Commissioner of Revenue must be provided to the County Health Authority as proof of nonprofit status.

Signature of Owner/Operator _____ Date _____

State whether Owner or Operator _____