

(county logo)

(name of county health dept.)

**TEMPORARY  
NONPROFIT FOOD SERVICE PERMIT**

\_\_\_\_\_  
(DATES OF OPERATION)

\_\_\_\_\_  
(PERMIT NUMBER)

**A PERMIT IS HEREBY GRANTED TO**

OWNER \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

LOCATED AT \_\_\_\_\_

This permit is issued pursuant to the O.C.G.A. 26-2-391, and is valid until the permit is revoked or expired. This permit will expire at midnight on the last day of operation as noted on this permit.

\_\_\_\_\_  
(Issuing Official)

\_\_\_\_\_  
(District Health Director)

**DISPLAY FOR PUBLIC VIEW – NOT TRANSFERABLE**