

Robeson County Department of Public Health
 Environmental Health Division
 460 Country Club Road
 Lumberton, NC 28360
 Office (910)272-6560 Fax (910)671-5969

APPLICATION for EXEMPT TEMPORARY FOOD ESTABLISHMENT EVENTS

Submit **15** days prior to Event

G.S 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with chapter 55 of the general statutes or are exempt from federal income tax under the Internal Revenue Code as defined in G.S. 105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food, drink for pay no more than once a month for a period of two consecutive days. **You will need to provide documentation along with this application.** (Example: 501(c) (3) (4), Secretary of the state documentation, IRS letter of determination) **to be eligible for an exemption.** Please read carefully. Upon completion, please fax or bring to our office along with tax exempt status form verifying exempt status for your organization. We do not keep these on file. You must have these forms to operate and forms must be on site at all times. For you convenience the website is www.secretary.state.nc.us/corporations/CSearch.aspx. Even though your event may be exempted from being regulated you should use "best practice" during an event to insure the safety of your patrons. Please provide us with the following information at least **15 days prior to the event** and contact us at (910)272-6560 if there are any questions or concerns.

Event name _____ Exempt organization name _____

Location of event _____ Date and time of event _____

Exempt organization person(s) in charge _____

Address _____

Home telephone and/or cell numbers _____

E-mail address _____ @ _____

Enclosure Type: Trailer _____ Booth _____ Tent _____

List type and source of foods that will be served at your event along with where the food will be prepared.

Type of food	Source (where food was purchased)	Where prepared: (on site, at restaurant, etc.)

Signature: _____ Verified by: _____
Applicant Environmental Health Representative