



Cobb & Douglas Public Health

APPLICATION FOR NONPROFIT TEMPORARY 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 Nonprofit Temporary Food Service will be located.

Name of Nonprofit Temporary Food Service _____

Location of this Food Service _____

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

Nonprofit
Representative/Agent _____

Address of
Representative/Agent _____
(Street or RFD) (City) (State) (Zip Code)

Telephone Number of
Representative/Agent _____

Operator/Person-in-Charge _____

Telephone # of Operator/Person-in-Charge _____

(Date Operation Begins)

(Date Operation Ends)

The undersigned hereby applies for a permit to operate a Nonprofit Temporary 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 _____
Circle Title

Item #	**List All Foods/Beverages and Ingredients	Where Purchased	Onsite Prep. Yes/No	Thawing	Holding Temps (Cold/Hot)	Cooking Temps	Reheating Temps

****Due to the increased risk, the preparation of the following is prohibited unless an established hazard control program has been established per O.C.G.A. 26-2-392: (1) pastries filled with cream or synthetic cream; (2) custards; (3) salads containing meat, poultry, eggs, or fish; (4) Products similar to products stated in #1 and #2. **Attach Hazard Control Program documentation for review if planning to serve one or more of these items.**

How will handwashing be provided for?

How will food be protected from contamination by hands?

How will food be protected from flies and other environmental contamination? (For example, use of screened tent)
