



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 501(c) or a letter determining tax-exempt status from the Georgia Commissioner of Revenue to the County Health Department in which the Nonprofit Temporary Food Service will be located.

Name of Temporary Food Service WALTON BAND AND ORCHESTRA PARENTS, INC. (FIN: 58-1368337)

Representative/Agent Doug Price

Address of Representative/Agent 1083 Marietta GA 30068
(Street or RFD) (City) (State) (Zip Code)

E-mail Address of Representative/Agent dprice01@bugsinabox.com

Telephone Number of Representative/Agent 770-364-8472

Operator/Person-in-Charge of Booth _____

Telephone # of Operator/Person-in-Charge of Booth _____

Name of Fair, Festival or Event Taste of East Cobb

Location of Fair, Festival or Event Merchants Walk Shopping Center

Event Organizer & Contact # WALTON BAND AND ORCHESTRA PARENTS, INC.

05/07/2011 11:00 AM (Date & Time Operation Begins) 05/07/2011 5:00 PM (Date & Time 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 501(c) 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 [If NO, where?]	Thawing	Holding Temps (Cold/Hot)	Cooking Temps	Reheating Temps

****Due to the increased risk of food borne illness, the preparation of the following is prohibited unless an established hazard control program has been implemented 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 foodhandler's hands be washed? (i.e. a hand sink or large container with a spigot for holding water with a catch bucket below) _____

How will food be protected from contamination by hands?

What type container will be used for solid waste disposal in the food facility? _____

How will liquid waste/grease be disposed of? _____

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

Return the completed application to Center for Environmental Health (Cobb) 3830 South Cobb Dr, #102, Smyrna, GA 30080 OR (Douglas) 8700 Hospital Dr, 1ST Floor, Douglasville, GA 30124