



RUTHERFORD POLK MCDOWELL DISTRICT HEALTH DEPARTMENT

APPLICATION FOR A TEMPORARY FOODSERVICE ESTABLISHMENT PERMIT

1. Establishment Name: _____

2. Operator's Name: _____
(Please note: Each operator should keep a list of names and phone numbers of people involved in food preparation and serving.)
3. Operator's Mailing Address: _____

4. Operator's Telephone: _____
City State Zip
(8-5 Daily) (Home/Evening)

5. Booth Location & Dates/Time of Operation: _____

6. MENU: List all food items to be prepared and served. (Note: any changes to the menu must be submitted and approved by the Rutherford-Polk-McDowell District Health Department at least 7 days prior to the event.)

7. The new law specifically reserves the right for non-profit, tax exempt, or political groups to raise funds by selling food. These organizations still qualify for the two day exemption. Non-profit status must be verified by a letter from the IRS or N. C. Department of Revenue. If you feel like your organization qualifies for this exemption please submit your letter of verification and/or tax exempt number. Please fill in the following information.

Tax Exempt # _____ Enclosed Letter Verification: Yes No