



# Nonprofit Sponsored Temporary Food Service Permit Application

**Please complete in duplicate and forward the original application along with a copy of I.R.S. Form 501C, or a letter determining tax-exempt status from the Georgia Commissioner of Revenue, as proof of nonprofit status.**

Date \_\_\_\_\_ DHD # \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Organizer: \_\_\_\_\_ Organizer Phone #: \_\_\_\_\_

Date(s) of Operation: \_\_\_\_\_ Daily Hours of Operation: \_\_\_\_\_

Booth Name: \_\_\_\_\_

Person in charge of booth: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail of person in charge: \_\_\_\_\_

Representative / Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Representative / Agent Address: \_\_\_\_\_  
Include suite #                                      Street # and Name                                      Suite                                      City                                      State                                      Zip Code

E-mail of Representative / Agent: \_\_\_\_\_

**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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Return the completed application to the Center for Environmental Health:**

**Cobb County:**  
1738 County Services Parkway SW, 2<sup>nd</sup> Floor, Marietta, GA 30008-4012  
Office: (770) 435-7815 | Fax: (770) 431-7410

**Douglas County:**  
8700 Hospital Drive, 1<sup>st</sup> Floor, Douglasville, GA 30134-2264  
Office: (770) 920-7311 | Fax: (770) 920-7317

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.**

1. 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)

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2. How will food be protected from contamination by hands? \_\_\_\_\_

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3. What type container will be used for solid waste disposal in the food facility? \_\_\_\_\_

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4. How will liquid waste / grease be disposed of? \_\_\_\_\_

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5. How will food be protected from flies and other environmental contamination? (e.g. use of screened tent)

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