



## 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 \_\_\_\_\_

Representative/Agent \_\_\_\_\_

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

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

Telephone Number of  
Representative/Agent \_\_\_\_\_

Operator/Person-in-Charge of Booth \_\_\_\_\_

Telephone # of Operator/Person-in-Charge of Booth \_\_\_\_\_

**Name of Fair, Festival or Event** \_\_\_\_\_

**Location of Fair, Festival or Event** \_\_\_\_\_

Event Organizer & Contact # \_\_\_\_\_

\_\_\_\_\_  
(Date & Time Operation Begins)

\_\_\_\_\_  
(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, 1<sup>ST</sup> Floor, Douglasville, GA 30124**