

CITY OF SANDERSVILLE

APPLICATION FOR A NON-PROFIT FOOD SERVICE PERMIT

(Application must be received 15 days prior to event)

1. Name of non-profit event (fair, festival, fund-raiser, ect.) _____

2. Location of this non-profit event: _____

3. Name of food service business: _____

4. Owner: _____

5. Operator: _____

6. Address of Owner: _____

7. Telephone number of Operator: _____

8. Date Operation to Begin: ____/____/____ Date Operation to End: ____/____/____

9. Foods to be server: _____

(All condiments & single service items such as knives, forks, spoons, straws, etc., must be individually commercially wrapped.)

10. From where will foods be obtained? _____

11. What type of over-head protection will be used for cook and serve area (minimum is a tent)? _____

12. How will foods be transported to the cook/serve area? _____

13. How will food(s) be kept at 41°F or below until cooked and served? _____

14. How will foods(s) be kept at 135°F or above after cooking and until served? _____

15. Are there thermometers available to insure proper temperature of foods? _____

16. Describe the handwashing facility that will be used at this location for this event: _____

17. Describe the procedures that will be used to ensure no bare-hand contact with the cooked product(s) or any ready-to-eat foods: _____

Applicant must provide:

1. Servsafe Certification _____
Or
2. County/ City Food Permit Certificate _____

The undersigned hereby applies for a permit to operate a Temporary Non-profit Food Service Permit pursuant to the O.C.G.A. 26-2-390 through 26-2-393.

Print Name

Signature

Date

DO NOT WRITE BELOW LINE

FOR INTERNAL USE ONLY

- Copy of IRS Form 501(c) or a letter determining tax exempt status from the Georgia Commissioner of Revenue attached? Yes No

- Educational Material/Consultation Provided by:

Name

Title

- Date: _____