

## Wilson County Health Department

1801 Glendale Drive SW • Wilson, NC 27893-4401 • Phone 252.237.3141

## Non-Profit & Exempt Food Vendor Application

All applications should be submitted to the Environmental Health Section of the Wilson County Health Department at least fifteen (15) calendar days prior to the event's start date.

Each vendor in Wilson County that is claiming exemption from North Carolina regulation requiring an operational permit to prepare and sell food or drink for pay, no more frequently than once a month for a period <u>not to exceed two (2)</u> <u>consecutive days</u>, shall complete the Non-Profit & Exempt Food Vendor Application form

Events lasting longer than 2 days will need a Temporary Food Establishment (TFE) permit. Submit the form along with a copy of the exemption letter from the North Carolina Department of Revenue stating of non-profit status, a copy of 501c, or a political committee as defined in North Carolina General Statute 163-278 6(14)

or a political committe	ee as defined in North Caron	illa Gellerai Sta	tute 105-278.0	(14).	
should include with the stating of non-profit so 278.6(14). **  • Applicants will be co • Approval of this applicant: Fire Marshall, fee	nis application a copy of the status, a copy of 501c, or a prontacted via email upon appolication does not indicate coderal, state, and local authostep a copy of documentation	exemption lette olitical commit proval. This app ompliance with rities).	er from the Nort tee as defined in roval is for ever any other code	non-profit. The responsible per th Carolina Department of Rever in North Carolina General Statute ints submitted only in Wilson Cou e, law or regulation that may be now any Wilson County Health I	nue e 163- unty required.
Check the type of e	xemption which you are r	equesting: (*s	<b>— · — · —</b> submit suppor	ting documentation)	
Political Con G.S 105-228 Exempt foo Other (plea	mmittees as defined in G. 3.90* d items only se describe):	S 163-278.6(1	4)*	eter 55A of the General Statu	
Address of Event:					
_	Street		City	State	Zip
Check one:		festival		lescribe) :	
_	on/Booth:				
Mailing Address:	Street		City		
	n charge:			State :	Zip 
Facility Type:	Booth Permanent Building	☐ Pi	ıshcart :her:	Mobile Food Unit (M	



## **Wilson County Health Department**



EIN #( if applicable):							
Name/location of previous	events worked this year:						
Name/location of upcoming	Name/location of upcoming events this year:						
food/menu items will be pre needed. Check both "Advan	II food/menu items in the cha epared prior to the event. Ch nced Preparation" and "Prepa I-on items such as lettuce, to eded.	neck "Prepared at Event" if no ared at Event" if food/menu i	o advance preparation is				
Food/Menu Items	Source of Food (must provide invoice or receipt at the event)	Advance Preparation (include cutting, seasoning, marinating, cooking, etc.)	Prepared at Event (include cutting, seasoning, marinating, cooking, etc.)				
Example: Hamburgers	Fred's		X purchased pre-pattied, straight to grill from refrigerator and seasoned on grill				
	<u> </u>						
<u> </u>							
•	n in this application is comple n Wilson County Environmen						
Applicant Signature:		Date:					
Selling food without a permit at legal action taken if it is do	Please be aware of any legal problet t an event, where a permit is requir letermined to be a for-profit sale. Ev responsibility if a food borne illnes	red, will result in a Cease-and-Desis	st Order being issued and possible ators, and vendors will share				
	Date:						