



REQUEST FOR LICENSING EXEMPTION FOR NON-PROFIT ORGANIZATION TEMPORARY FOOD SERVICE

*Return this completed form to the Lincoln County sanitarian's office for approval at **least two weeks prior** to your proposed food service event or function.*

GENERAL INFORMATION

Organization name:	Contact Person(s):
Address:	Email:
Event:	Telephone:
Event Location:	Date(s):

I certify that the above named organization is non-profit and tax-exempt under 26 U.S.C. 501 or registered with the Montana Secretary of State as non-profit.

Signature: _____ **Date:** _____
Applicant's Signature

PROPOSED MENU

Proposed Preparation Site(s):

HEALTH DEPARTMENT COMMENTS

Review the "Guidelines for Non-Profits" and "Health Rules" with the staff, post "Health Rules" and this permit at event. A handwashing station is required (see guidelines) and disposable glove use is required when preparing and serving ready-to-eat foods. Thermometers are required for monitoring hot and cold food temperatures. **Additional Comments:**

Approved By: _____ **Date:** _____
Sanitarian's Signature