



**IREDELL COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION**

<b>HEALTH DEPARTMENT USE ONLY</b>	
Date Received:	_____
Reviewed by:	_____
Permit Required	_____ Exempt _____

349 North Center Street • Statesville, NC 28677 • Phone: 704-878-5305 • Fax: 704-871-3483  
610 East Center Avenue • Mooresville, NC 28115 • Phone: 704-664-5281,Opt.3 • Fax: 704-662-3239

**APPLICATION for Exempt Temporary Vendor**  
**Submit 15 days prior to Event**

G.S. 130-250 (7) Allows establishments that are incorporated as nonprofit corporations in accordance with Chapter 55 of the General Statutes or are exempt from federal income tax under the Internal Revenue Code as defined in G.S.105-228.90 or that are political committees as defined in G.S. 163-278.6(14) to prepare or serve food, drink for pay no more than once a month for a period of two consecutive days. **You will need to provide documentation along with this application (Example: 501(c)(3)(4), Secretary of State documentation, IRS letter of determination) to be eligible for an exemption.** Even though your event may be exempted from being regulated you should use "best practice" during an event to insure the safety of your patrons. Please provide us with the following information at least 15 days prior to the event and contact us at (704) 878-5305 if there are any questions or concerns.

Event name \_\_\_\_\_

Location of event \_\_\_\_\_

Exempt organization name \_\_\_\_\_ FED EIN # \_\_\_\_\_

Date(s)/time of vendor operation: Begin Date/time: \_\_\_\_\_

End Date/time: \_\_\_\_\_

Person or persons in charge of event \_\_\_\_\_

Address \_\_\_\_\_

Phone / cell numbers \_\_\_\_\_

Food Booth Operator \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

List type and source of foods that will be served at your booth along with where the food will be prepared.

Type of Food	Source (Where food was purchased?)	Where prepared? (on site, at restaurant, etc.)