



HEALTH DEPARTMENT

Exempt & Non-Profit Food Vendor Application

This application must be completed and submitted to the Onslow County Health Department no later than 15 days prior to the event. Although you may be exempt from regulation by this department, you should use the “best practice” during an event to ensure the safety of your patrons.

G.S. 130A-250 (7)

Establishments (i) that are incorporated as nonprofit corporations in accordance with Chapter 55A of the General Statutes or (ii) that are exempt from federal income tax under the Internal Revenue Code, as defined in G.S. 105-228.90, or (iii) that are political committees as defined in G.S. 163-278.6(74) and that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.

Nonprofit Organizations will need to provide documentation along with this application. Nonprofit Organizations must have a copy of approved application and tax-exempt status form verifying exempt status for your organization to operate & forms must be on site at all times.

Check the type of exemption which you are requesting: **(submit supporting documentation*)**

Exempt Food Items Only

Chapter 55A of the General Statutes Exempt from federal income tax* (aka 501(c)3)

1) Name of the Event: _____

2) Dates of the Event: _____

3) Address of the Event: _____

4) Event Organizer: _____ Phone #: _____

5) Name of your Organization/Booth: _____

6) Vendor Contact Person(s): _____ Phone #: _____

Email: _____ Address: _____

7) Facility Type: Booth Pushcart Mobile Food Unit (MFU) Permanent-Building



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8) Provide a complete list of all food/menu items in the chart below.

Please include all add-ons items such as lettuce, tomato, onion, etc. (example: Hamburgers with cheese, lettuce, tomato, onions).

Food/Menu Items (attach list if more space is needed)	Source of Food (must provide invoice or receipt at the event)	Advanced Preparation (include cutting, seasoning, marinating, cooking, etc.)	Prepared at Event (include cutting, seasoning, marinating, cooking, etc.)
Example: <i>Hamburgers</i>	<i>Smith's Market</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information in this application is complete and accurate. I understand that any deviation without prior approval from OCHD may nullify this exemption.

Applicant Signature: _____ Date: _____

Applicant Name (print): _____

Applicant phone number & email: _____

Submit this application to:
 Onslow County Health Department
 Environmental Health
 234 NW Corridor Blvd.
 Jacksonville, NC 28540
 Email: Environmental_Health@onslowcountync.gov
 Fax: (910) 989-5819