

**County of Moore**  
*Department of Health*  
 705 Pinehurst Avenue • P.O. Box 279  
 Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.  
 Director



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## Permit Exemption Application for Temporary Foodservice

Name : \_\_\_\_\_  
 (Name of Non-Profit (501c-3))

Location: \_\_\_\_\_  
 (if multiply locations, please complete separate applications)

Non-Profit contact person: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Menu Items	Date/Time of Operation	Date/Time of Operation

**Application should be submitted to the Environmental Health office 15 days prior to the event.**

Include with this application:

Letter from the IRS verification of non-profit status (501c-3)

On non-profit letterhead include:

Name, address and contact person

The purpose of this fundraiser

A statement that all of the proceeds are to be returned to the non-profit.

Dates, times and locations of fundraiser

Date and location of last exempted function

North Carolina General Statute 130A-250 provides an exemption that allows non-profit organizations 501©(3) to conduct a fundraiser once a month for a period not to exceed two consecutive days. Only a single exemption is allowed per month for the entire state of North Carolina, and the exemption cannot be transferred to another organization. This exemption must be renewed for each event.

By signing below, I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_