

***Alabama Department of Public Health
Application
For Exemption For Food Service at a Temporary Event**

Name of Event: **Exempt**

Event Location:

Event Type: Type Facility

Event Sponsored by:

Contact Person: Contact Phone:

Mailing Address: City: State: Zip:

Food To Be Sold

EARLIEST initial food preparations will begin:

LATEST final clean-up and removal from site:

Date: Time:

Date: Time:

EXEMPTION

NOTE: An exemption CAN NOT be issued to sell or otherwise use low acid foods that have been canned at home! Examples include home canned vegetables or home canned meats.

***Application shall be submitted at least 5 calendar days prior to the date of the event**

List the name, address and contact information for each food vendor for this sponsored event in the space below. Use a separate sheet for additional vendors, if needed. Attach a menu for each vendor for those food items to be sold at event.

Permit No. (if applicable)	Name of Est.	Address, City, ST, Zip	Manager/POC	Phone

Signature _____

Date _____