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

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Name of Ev	vent:			Exempt	
Event Loca	tion:				
Event T	ype:		Type Facility		
Event Sponsored	d by:				
Contact Per	son:		Con	tact Phone:	
Mailing Addr	ress:	City:		State: A	L Zip:
		Food To B			
EARLIEST init	ial food preparations	will begin:	LATEST final	clean-up and rem	oval from site:
Date:	Time:		Date:	Time:	
		EXEMP	TION		
Has the event sr	oonsor (organization or	individual) been issu	ed an exemption	n in the last 90 days	
rido trio ovorit op	onioor (organization or	marviadar, boor rocc	iod dir oxomption	Tim the last of days	Yes or No
	ption CAN NOT be iss e home canned vegeta			oods that have beel	n canned at home!
*Application sha	Il be submitted at least	5 calendar days prio	r to the date of the	ne event	
	dress and contact infor neet for additional vend				
Permit No. (if applicable)	Name of Est.	Address	s, City, ST, Zip	Manager/P	OC Phone

Date

Signature