

APPLICATION FOR EXEMPTION FROM TEMPORARY EVENT/CONCESSION PERMIT/AUTHORIZATION TO PERMIT

For Department Use Only



ALABAMA DEPARTMENT
OF PUBLIC HEALTH

____ County
____ Date Received
____ Application ID

☐ Exemption Application APPROVED
☐ Exemption Application NOT APPROVED

A temporary event sponsored by a political subdivision of this state or an agency or organization that is exempt from taxes or business license requirements may apply for an exemption if the event lasts no more than three days (72 hours).

Application must be submitted at least five (5) days prior to the date of the event.

Name of Event _____

Address/Location _____

City _____ ALABAMA Zip Code _____

Sponsor Organization Name _____

Contact Person First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone Number _____ Email Address _____

Event Start Date _____

Event End Date _____

Event Start Time _____

Event End Time _____

List the name, address, and contact information for each vendor participating in this sponsored event. Attach a menu for each vendor. Use additional sheets as needed.

Permit # if applicable	Vendor Name	Address, City, State, Zip Code	Manager	Phone Number

Signed: _____ Date: _____

Title: _____