

Cobb & Douglas Public Health

APPLICATION FOR NONPROFIT TEMPORARY FOOD SERVICE PERMIT

Complete in duplicate and forward the original along with a copy of I.R.S. Form 501C or a letter determining tax-exempt status form the Georgia Commissioner of Revenue to the County Health Department in which the Nonprofit Temporary Food Service will be located.

Name of Nonprofit Temporary Food Service

HILLGROVE BANDS BOOSTER ASSOCIATION (EIN #20-5231201)

Representative/Agent **LORI SWEET (TASTE OF WEST COBB COORDINATOR)**

Address of Agent **1471 SWEET BOTTOM CIRCLE, MARIETTA, GA 30064**

E-mail address of Representative/Agent **lsweet@bellsouth.net**

Telephone Number of Representative/Agent **(770) 421-9509**

Food Vendor Name _____

Operator/Person In-Charge _____

Telephone # of Operator/Person-in-Charge _____

Name of Fair, Festival or Event **TASTE OF WEST COBB**

Location of Fair, Festival or Event **The Avenue West Cobb, 3625 Dallas Highway, Marietta, GA 30064**

Event Organizer & Contact **LORI SWEET 770-421-9509**

4/14/2012 (11:00 a.m.)

(Date & Time Operation Begins)

4/14/2012 (5:00 p.m.)

(Date & Time Operation Ends)

The undersigned hereby applies for a permit to operate a Nonprofit Temporary Food Service Establishment pursuant to the O.C.G.A. 26-2-390 thru 26-2-393. A copy of I.R.S. Form 501C or a letter determining tax-exempt status from the Georgia Commissioner of Revenue must be provided to the County Health Authority as proof of nonprofit status.

Signature of Owner/Operator _____

Circle Title

Date _____

Item #	**List All Foods/Beverages and Ingredients	Where Purchased	Onsite Prep. Yes/No	Thawing	Holding Temps (Cold/Hot)	Cooking Temps	Reheating Temps

Due to the increased risk of food borne illness, the preparation of the following is **prohibited unless an established hazard control program has been established per O.C.G.A. 26-2-392: (1) pastries filled with cream or synthetic cream; (2) custards; (3) salads containing meat, poultry, eggs, or fish; (4) Products similar to products stated in #1 and #2. ****Attach Hazard Control Program documentation for review if planning to serve one or more of these items.**

How will foodhandler's hands be washed? (i.e. a hand sink or large container with a spigot for holding water with a catch bucket below) Large container with spigot

How will food be protected from contamination by hands? Gloves

What type of container will be used for solid waste disposal in the food facility? Trash cans spread throughout the venue; restrooms available in restaurant facilities.

How will liquid waste/grease be disposed of? Restaurant operators will take this away with them.

How will food be protected from flies and other environmental contamination? (For example, use of screened tent) Food will be covered when not being served

Return the completed application to Center for Environmental Health (Cobb) 3830 South Cobb Dr, #102, Smyrna, GA 30080 OR (Douglas) 8700 Hospital Dr, 1st Floor, Douglasville, GA 30124