



Environmental Health Department

1035 First Ave. West Kalispell, MT 59901
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www.flatheadhealth.org

Community Health Services
751-8110 FAX 751-8111
Environmental Health Services
751-8130 FAX 751-8131
Family Planning Services
751-8150 FAX 751-8151
Home Health Services
751-6800 FAX 751-6807
WIC Services
751-8170 FAX 751-8171
Animal Shelter
752-1310 FAX 752-1546

REQUEST FOR EXEMPTION NON-PROFIT ORGANIZATION TEMPORARY FOOD ESTABLISHMENT

PLEASE COMPLETE THIS FORM AND RETURN TO ENVIRONMENTAL HEALTH SERVICES AT LEAST TWO (2)
WEEKS BEFORE THE EVENT/FUNCTION

CONTACT INFORMATION:

ORGANIZATION NAME: _____
CONTACT INDIVIDUAL: _____ TELEPHONE: _____
MAILING ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE AND ZIP): _____

EVENT INFORMATION:

NAME OF EVENT: _____ DATE OF EVENT: _____
LOCATION OF EVENT (ADDRESS): _____

PROPOSED MENU (LIST ALL FOOD AND DRINKS THAT WILL BE PROVIDED):

"Only those potentially hazardous foods requiring limited preparation, such as hamburgers and frankfurters that only require seasoning and cooking, must be prepared or served..." ARM 37.110.236(4)

DESCRIBE HOW HAND WASHING WILL BE ACCOMPLISHED ON-SITE:

APPROVED COMMISSARY: _____ (attach a signed commissary agreement form; if no approved commissary is being used, a plan review must be completed)

I CERTIFY THAT THE ABOVE ORGANIZATION IS NON-PROFIT AND IS TAX EXEMPT AS ALLOWED UNDER 26 USC 501 AND THAT THE ABOVE INFORMATION IS ACCURATE.

SIGNATURE: _____ DATE: _____

HEALTH DEPARTMENT COMMENTS:

Please post this license exemption and the "Safe Food Handling Guidelines" sheet on-site during the event. "Only those potentially hazardous foods requiring limited preparation, such as hamburgers and frankfurters that only require seasoning and cooking, must be prepared or served..." ARM 37.110.236(3)

APPROVED / DISAPPROVED: _____ DATE: _____

