

**D A W S O N C O U N T Y
DEPARTMENT OF ENVIRONMENTAL HEALTH**

**REQUEST FOR LICENSING EXEMPTION
FOR
NON-PROFIT ORGANIZATION TEMPORARY FOOD SERVICE**

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DAWSON COUNTY SANITARIAN'S OFFICE FOR APPROVAL AT LEAST TWO WEEKS PRIOR TO YOUR PROPOSED FOOD SERVICE EVENT OR FUNCTION.

GENERAL INFORMATION

Organization Name _____

Contact Person(s) _____

Address _____ Telephone _____

Event _____ Location _____

Date(s) _____

I certify that the above named organization is non-profit and tax-exempt under 26 U.S.C. 501 or registered with the Montana Secretary of State as non-profit.

Signature _____

Date _____

PROPOSED MENU

Proposed Preparation Site(s) _____

HEALTH DEPARTMENT COMMENTS

Approved By _____

Date _____

Sanitarian's Signature