



**Public Health**  
Prevent. Promote. Protect.

Tift County Health Department

**Tift County Health Department**

305 East 12<sup>th</sup> Street

PO Box 715

Tifton, Georgia 31794

229-386-8373 PH

229-386-8159 FAX

**APPLICATION FOR A TEMPORARY NON-PROFIT FOOD SERVICE PERMIT**

The undersigned hereby applies for a permit to operate a Temporary Non-profit Food Service Establishment pursuant to the O.C.G.A. 26-2-390 thru 26-2-393. Complete and forward this application along with a copy of I.R.S. form 501C or a letter determining tax exempt status from the Georgia Commissioner of Revenue to the Tift County Health Department as proof of non-profit status. Proof of tax exempt status is not needed if participating in an event hosted by county, municipality or non-profit organization i.e. fair or festival. **Contact either Jill Reade at 229-386-7967 or Tamika Pridgon at 229-386-7968 with questions regarding this application.**

**PLEASE PRINT CLEARLY.**

Name of non-profit event: \_\_\_\_\_

Location of non-profit event: \_\_\_\_\_  
**(Depending on the location, written permission from the property owner may be necessary.)**

Name of temporary food service: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Owner Fax Number: \_\_\_\_\_

Operator: \_\_\_\_\_

Operator Telephone Number: \_\_\_\_\_

Event Beginning Date: \_\_\_\_\_ Event Ending Date: \_\_\_\_\_

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List foods to be served on provided space below **\*\* (all food shall be prepared at event or at an establishment permitted by local health department or Georgia Department of Agriculture; no food shall be prepared at your home).** If using a permitted facility, you shall provide proof i.e. valid food service or food sales permit with this application. The permitted establishment shall list you as the owner. If you have questions, feel free to contact me at 229-386-7968 or Jill Reade at 229-386-7967\*\*.

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Food Sources (where food purchased): \_\_\_\_\_

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Type of Overhead Protection (minimum is a tent): \_\_\_\_\_

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How will food be transported to cook/serve area? \_\_\_\_\_

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How will food be kept cold (45° F or below) till served or cooked? \_\_\_\_\_

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How will food be kept hot (140° F or above) till served? \_\_\_\_\_

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Are thermometers available to insure proper temperature of food? \_\_\_\_ Yes \_\_\_\_ No

Explain how hand washing facility will be set up at this location (**hand sanitizer is not a substitute for hand washing**)?

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Explain how dish washing facility will be set up at this location? \_\_\_\_\_

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Explain procedures for eliminating bare hand contact with cooked food and ready-to-eat food?

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**(All condiments and single service items such as knives, forks and spoons shall be commercially wrapped.)**

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Choose one: \_\_\_\_\_ Owner \_\_\_\_\_ Operator

Choose one: Please return permit via \_\_\_\_\_ email \_\_\_\_\_ mail \_\_\_\_\_ fax \_\_\_\_\_ pick up

**(If want permit emailed, faxed or mailed, provide information as indicated on page 1)**

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**DO NOT WRITE BELOW THIS LINE**

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**FOR INTERNAL USE ONLY**

\_\_\_\_\_ Copy of IRS Form 501(c) or a letter determining tax exempt status from the Georgia Commissioner of Revenue attached

\_\_\_\_\_ Educational material and consultation provided

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Name

Title

Date