



# Craven County Health Department

## Not-For-Profit & Exempt Food Vendor Application

This application must be completed and submitted to the Craven County Health Department (CCHD) no later than 15 days prior to the event. Although you may be exempt from regulation you should use "best practice" during an event to ensure the safety of your patrons. Visit [www.cravencountync.gov](http://www.cravencountync.gov) for food tips.

*G.S. 130A-250(7) states establishments (i) that are incorporated as nonprofit corporations in accordance with Chapter 55A of the General Statutes or (ii) that are exempt for federal income tax under the Internal Revenue Code, as defined in G.S. 105-228.90 or (iii) that are political committees as defined in G.S. 163-278.6(14) and that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.*

**Nonprofit Organizations will need to provide documentation along with this application. Nonprofit Organizations must have a copy of approved application and tax exempt status form verifying exempt status for your organization to operate & forms must be on site at all times.**

**Please be aware of any legal problems that could result from selling food.**

**Selling food without a permit at an event where a permit is required will result in a Cease And Desist Order being issued and possible legal action taken if it is determined to be a for-profit sale. Event sponsors, organizers, coordinators and vendors will share responsibility if a food borne illness occurs from food sold at the event.**

Check the type of exemption which you are requesting: (**submit supporting documentation\***)

- Chapter 55A of the General Statutes Exempt from federal income tax under\*
- Political Committees as defined in G.S. 163-278.6(14)\*
- G.S. 105-228.90\*
- Exempt Food Items Only

1) Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

2) Address of Event: \_\_\_\_\_  
Street City State Zip Code

3) Name of Person(s) in Charge: \_\_\_\_\_ Phone #: \_\_\_\_\_

4) Name of Organization/Booth: \_\_\_\_\_

5) Vendor Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

6) Mailing Address: \_\_\_\_\_  
Street City State Zip Code

7) Facility Type:  Booth  Pushcart  Mobile Food Unit (MFU)  Permanent-Building

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- 8) Location of last event: \_\_\_\_\_ 9) Date(s): \_\_\_\_\_
- a. Event organizer contact name / phone: \_\_\_\_\_
- 10) Provide a complete list of all food/menu items in the chart below and check "Advanced Preparation" if the food/menu item will be prepared prior to the event or check "Prepared at Event" if no advance preparation is needed. Check both "Advanced Preparation" and "Prepared at Event" if food/menu item requires both types of preparation.

Please include all add-ons items such as lettuce, tomato, onion, etc. (example: Hamburgers with cheese, lettuce, tomato, onions).

Food/Menu Items (attach list if more space is needed)	Source of Food (must provide invoice or receipt at the event)	Advanced Preparation (include cutting, seasoning, marinating, cooking, etc.)	Prepared at Event (include cutting, seasoning, marinating, cooking, etc.)
Example: <i>Hamburgers</i>	<i>Smith's Market</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information in this application is complete and accurate. I understand that:

- Any deviation without prior approval from CCHD may nullify this exemption.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name (print):** \_\_\_\_\_

**Submit this application and permit fee to:**  
**Craven County Health Department, Attention: Environmental Health - TFE Permitting**  
**PO Drawer 12610 New Bern, NC 28561**

**Office Use Only**

Notes: \_\_\_\_\_

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