BROADWATER COUNTY ENVIRONMENTAL HEALTH OFFICE

Request for License Exemption
Non-Profit Organization Temporary Food Service Establishment

Complete and return this form to Broadwater County Environmental Health Office, 515 Broadway, Townsend MT 59644 **at least ten (10) days prior to event.**

GENERAL INFORMATION

Name of Organization _____

Contact Individual _____

Mailing Address _____ Phone _____

Event _____ Location _____

Date(s) of event _____ Time _____ to _____

I certify that the above named organization is nonprofit and is tax-exempt as allowed under 26 USC 501.

Signature _____ Date _____

PROPOSED MENU	APPROVED SOURCE	PREPARATION & TEMPERATURE

(Include how and where food supplies will be purchased and prepared)
If more space is needed, please use the back of this form.

HEALTH DEPARTMENT COMMENTS

_____

_____

_____

Approved? ____ yes ____ no Date: _____ Sanitarian _____