



**PUBLIC HEALTH DEPARTMENT**

*Environmental Health Division*

# VERIFICATION OF FOOD SALES in CHATHAM COUNTY, NC

**This notice should be displayed at the site where the food booth/stand is set up.**

PURSUANT TO § 130A-250. Exemptions

Establishments (i) that are incorporated as nonprofit corporations in accordance with Chapter 55A of the General Statutes or (ii) that are exempt from 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. A nutrition program for the elderly that is administered by the Division of Aging of the Department of Health and Human Services and that prepares and serves food or drink on the premises where the program is located in connection with a fundraising event is exempt from this Part if food and drink are prepared and served no more frequently than one day each month.

Food sales not regulated by local health department such as: bakery products, popcorn, funnel cakes, ice cream. The health department may request documentation from client of NCDA or other state agency registration or licensure. Contact NCDA at 919-733-7366

Permitted Mobile Food Unit returning to commissary daily. If the unit does not return to commissary daily, then applicant must apply for TFE permit. (This notice does not need to be posted. Post the mobile food unit permit with grade card. Health department may request copies of mobile food permit and current inspection report.)

Free Food. No food to be sold at event

**Name of business or organization:**

If applicable, exempt Tax ID #

**County: Chatham County**

**Name of Event:**

**Location of Food Sale:**

**Date(s) of Food Sale:**

**List of Foods to be served:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Name of Contact Person:**

**Phone #:**

**Email:**

**Office use: This application has been approved by Environmental Health**

**REHS:**

**Date:**

