

**\*Alabama Department of Public Health  
Application  
For Exemption For Food Service at a Temporary Event**

Name of Event:  **Exempt**

Event Location:

Event Type:       Type Facility

Event Sponsored by:

Contact Person:       Contact Phone:

Mailing Address:       City:       State:       Zip:

**Food To Be Sold**

**EARLIEST** initial food preparations will begin:

**LATEST** final clean-up and removal from site:

Date:       Time:

Date:       Time:

**EXEMPTION**

NOTE: An exemption CAN NOT be issued to sell or otherwise use low acid foods that have been canned at home! Examples include home canned vegetables or home canned meats.

**\*Application shall be submitted at least 5 calendar days prior to the date of the event**

List the name, address and contact information for each food vendor for this sponsored event in the space below. Use a separate sheet for additional vendors, if needed. Attach a menu for each vendor for those food items to be sold at event.

Permit No. (if applicable)	Name of Est.	Address, City, ST, Zip	Manager/POC	Phone

Signature \_\_\_\_\_

Date \_\_\_\_\_