

Date Submitted:

Scotland County Documentation of Exemption for Temporary Food Establishment



Each vendor in Scotland County that is claiming exemption from North Carolina regulation requiring an operational permit to prepare and sell food or drink for pay shall complete the Documentation of Exemption form. Submit the Documentation of Exemption form along with a copy of the exemption letter from the North Carolina Department of Revenue stating of non-profit status, a copy of 501c, or a political committee as defined in North Carolina General Statute 163-278.6(14).

		(City)	(Zip)
	to		to
Event Coordinator:		Telepho	one:
Tax ID Number:			
Organization Name:	·		
Organization Address and	Contact Information:		
(Street #)	(Ci	ty)	(Zip)
Telephone:	Other:	Ema	il:
Name/Location of previous			-
List foods to be sold:			
 include with this application non-profit status, a copt Applicants will be contated Approval of this application fire Marshall, federal, statements 	y of the non-profit organization to partition a copy of the exemption letter by of 501c, or a political committee of acted via email upon approval. This action does not indicate compliance witate, and local authorities). In copy of documentation onsite duries ovent.	of from the North Carolina Design defined in North Carolina opproval is for events submitted thany other code, law or region.	partment of Revenue stating of General Statute 163-278.6(14). ** ed only in Scotland County. gulation that may be required. (ie:

Application(s) can be sent to Scotland County Building Inspection Department at 517 Peden Street, Laurinburg NC, 28352. Phone Number: (910)-277-2415

Date Approved	Approved By



Scotland County

Exemption Non-Potentially Hazardous Food Sales

(Popcorn, Ice Cream, Funnel Cakes, etc.)

	vendor in Scotland County that is clain pare and sell food or drink for pay shall				rational permit to			
ate	Submitted:							
	Event:							
2.	Location: (Street #)		(City)		(Zip)			
3.	Event Date(s):	to	Hours:		_ to			
١.	Event Coordinator:			_ Telephone:				
5.	Dept of Ag. Number:							
5.	Organization Name:							
7.	Organization Contact Information:		Responsible Person:					
	(Street #)		(City)		(Zip)			
				Email:				
3.	Name/Location of previous events w	orked this year:						
9.	Name/Location of upcoming events this year:							
10.	List foods to be sold:							
	 Applicants will be contacted via en Approval of this application does in Fire Marshall, federal, state, and less applicant should keep a copy of a should they visit your event. 	not indicate compliance ocal authorities).	e with any other code,	law or regulation	that may be required. (ie:			
	Responsible Person		Date		-			

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